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CATALOGUE  
OF THE  
PATHOLOGICAL PREPARATIONS  
IN THE  
MUSEUM OF GUY'S HOSPITAL.

REVISED AND EDITED BY  
SAMUEL WILKS, M.D., LONDIN.,  
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LECTURER ON PATHOLOGY; AND CURATOR OF THE MUSEUM.

VOL. II.

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PART 5. DISEASES OF THE ORGANS OF DIGESTION.

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LONDON:  
WILLIAM MACKENZIE, 22 PATERNOSTER ROW.

MDCCCLXIII.







PATHOLOGICAL CATALOGUE  
OF THE  
MUSEUM OF GUY'S HOSPITAL.

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ORGANS OF DIGESTION.

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ENLARGED AND REVISED  
FROM THE  
ORIGINAL CATALOGUE OF DR. HODGKIN, F.R.S., &c.,

BY  
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CURATOR OF THE MUSEUM.

LONDON:  
WILLIAM MACKENZIE, 22 PATERNOSTER ROW.  
MDCCCLVII.



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Containing calculi, 1952<sup>75</sup>, 1953, 1953<sup>50</sup>, 1960<sup>50</sup>, 1960<sup>75</sup>, 1960, 1961, 1962, 1963, 1966<sup>20</sup>.

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Sacculated, 1955<sup>40</sup>.

Thickened, 1955<sup>50</sup>, 1955<sup>50</sup>, 1961.

Pedunculated mucous membrane, 1955<sup>25</sup>.

Ulcerated, 1956, 1958<sup>50</sup> (and perforated), 1959.

Cicatrized, 1957, 1957<sup>50</sup>, 1958.

Tubercle, 1964<sup>54</sup>.

Cancer, 1963<sup>50</sup>, 1964, 1964<sup>32</sup>.

Mucus from, 1966.

BILIARY CALCULI, 1967, 1968, 1969, 1970, 1970<sup>50</sup>, 1971, 1972<sup>50</sup>, 1973, 1973<sup>25</sup>, 1973<sup>40</sup>, 1973<sup>50</sup>, 1973<sup>75</sup>, 1973<sup>80</sup>, 1974, 1974<sup>50</sup>, 1975, 1975<sup>32</sup>, 1975<sup>40</sup>, 1975<sup>50</sup>, 1975<sup>54</sup>, 1975<sup>82</sup>, 1976, 1976<sup>50</sup>, 1977, 1977<sup>25</sup>, 1977<sup>50</sup>, 1977<sup>51</sup>, 1977<sup>75</sup>, 1977<sup>83</sup>, 1978, 1978<sup>50</sup>, 1979, 1979<sup>10</sup>, 1979<sup>20</sup>, 1980, 1982, 1983, 1984, 1985<sup>25</sup>, 1985<sup>50</sup>, 1985, 1986, 1986<sup>50</sup>, 1986<sup>75</sup>, 1987, 1987<sup>32</sup>, 1987<sup>50</sup>, 1987<sup>51</sup>, 1987<sup>52</sup>, 1987<sup>55</sup>.

Causing fatal intestinal obstruction, 1986, 1986<sup>50</sup>, 1986<sup>55</sup>.

#### PANCREAS.

ATROPHIED, 1987<sup>54</sup>.

SUPPLEMENTARY PANCREAS, 1990, 1990<sup>50</sup>.

DISTENDED DUCT, 1988<sup>50</sup>, 1989, 1991, 1991<sup>32</sup>, 1991<sup>50</sup>.

DUCT OPENING INTO STOMACH, 1991<sup>54</sup>.

GANGRENOUS, 1987<sup>82</sup>, 1987<sup>83</sup>, 1987<sup>54</sup>, 1987<sup>85</sup>.

INDURATED, 1988<sup>50</sup>, 1989<sup>50</sup>.

CANCER, 1988, 1988<sup>75</sup>, 1988<sup>75</sup>, 1989, 1989<sup>75</sup>.

Colloid, 1990<sup>55</sup>.

CALCULI, 1991<sup>50</sup>, 1992, 1992<sup>50</sup>.

#### SPLEEN.

SMALL, 1993, 1993<sup>20</sup>, 1993<sup>40</sup>.

HYPERTROPHIED, 1993<sup>50</sup>, 1994, 1994<sup>50</sup>, 1996, 1996<sup>25</sup>.

ACCESSORY, 1993<sup>50</sup>, 1993<sup>50</sup>.

PERFORATED BY OMENTUM, 1996<sup>50</sup>.

DENSE FIBROUS THICKENING OF TUNIC, 2013, 2013<sup>25</sup>, 2013<sup>50</sup>, 2013<sup>75</sup>, 2014, 2015.

INDURATED, 1995.

MACERATED, 1996<sup>75</sup>.

ECCHYMOSED, 1999<sup>75</sup>.

ABSCESS (opening into colon, 1999), 1999<sup>25</sup>, 1999<sup>50</sup>.

EFFUSED FIBRIN (Apoplexy), 2000, 2001, 2002, 2003, 2003<sup>50</sup>, 2004<sup>25</sup>, 2004<sup>30</sup>.

LARDACEOUS, 2005, 2005<sup>25</sup>, 2005<sup>50</sup>, 2005<sup>75</sup>.

STRUMOUS, 2006<sup>54</sup>, 2007, 2008, 2008<sup>50</sup>, 2008<sup>55</sup>, 2009, 2009<sup>50</sup>.

BONY TUBERCLES, 2010, 2010<sup>25</sup>.

CYSTS, 2010<sup>50</sup>.

CANCER, 2011, 2011<sup>50</sup>, 2012, 2012<sup>25</sup>, 2012<sup>50</sup>.

RUPTURED, 2017, 2018, 2019, 2019<sup>50</sup>.



# ORGANS OF DIGESTION.

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## SALIVARY GLANDS.

1784<sup>25</sup>. Tumor removed from the parotid region.

Case of M. A. A., under Mr. Hilton, July, 1850.

1784<sup>30</sup>. Glandular tumor from the parotid region. The tumor was removed from a man aged 20, and had been growing for several months; its structure was that of a lymphatic gland infiltrated with low organized product. The wound soon healed.

Case of Mr. Birkett's, July, 1853.

1784<sup>35</sup>. Fibro-cartilaginous tumor from the parotid region; the tumor was composed chiefly of fibres, and here and there cartilage.

Case of Henry S., aged 29. He had received a blow at the position of the tumor; the growth gradually increased in size; he convalesced favourably. Case of Mr. Birkett's, March, 1854. See Drawing, No 197<sup>76</sup>.

1784<sup>40</sup>. Calculus from submaxillary gland.

Removed by Mr. Swift of Walworth, and presented by him.

1784<sup>45</sup>. Calculus from the duct of the sublingual gland.

Presented by Mr. Callaway.

1784<sup>46</sup>. Growth from soft palate, of warty character and pedunculated; it was removed with a small portion of the mucous membrane by Mr. Birkett, from the right pillar of the fauces, January, 1851. The patient was ignorant of its existence.

1784<sup>47</sup>. Small warty growth removed from the soft palate. It was removed by Mr. Birkett from a surgeon, aged about 28, who was not aware of its existence.

1784<sup>50</sup>. Polypus from the pharynx; the tumor sloughed off. Case of Mr. Birkett's, August, 1851.

James G., aged 16, a delicate red-haired lad; the growth had existed three or four years.

1784<sup>55</sup>. Polypus from the pharynx, removed by ligature. Case of Mr. Birkett's.

The patient was a strong healthy sailor. The period of growth could not be ascertained. See Drawing 282<sup>50</sup>.

1784<sup>70</sup>. Pharynx and a portion of œsophagus, showing a preternatural pouch in the former about  $1\frac{1}{2}$  inch in diameter; the opening into it is about half an inch in diameter, and its edges are puckered.

From Langstaff's Museum.

1784<sup>75</sup>. Warty growths on the lining membrane of the œsophagus. A dried preparation.

Langstaff's Museum.

1784<sup>80</sup>. Tongue and pharynx of a child. The fauces were much inflamed, and there was an abscess of considerable size in the left side of the neck, but it had not formed any communication with the respiratory or alimentary passages. The preparation shows the remains of several abscesses.

John P., aged 10. The mother and two other children of the family had scarlet fever, but this child does not appear to have had any rash or increased heat of skin; the kidneys were mottled, pale, and degenerated, and the urine in the bladder coagulable.

6. Green Insp. Book, p. 153.

1784<sup>90</sup>. Pharynx presenting superficial ulceration, from a patient who died from hydrophobia.

Case of Samuel W. L. 12. Misc. Inspec. Book, p. 28.

1784<sup>95</sup>. Contraction of the pharynx; there is a small puckered cicatrix, probably following ulceration.



1785. Sloughing cancer of the pharynx, involving the whole of the lower part of the canal.

1785<sup>25</sup>. Cancerous ulceration of the pharynx, and the upper part of the œsophagus.

Presented by Mr. Thomson.

1785<sup>35</sup>. Cancerous ulceration of the pharynx, with external openings and diseased glands.

1785<sup>40</sup>. Carcinoma affecting the whole of the lower part of the pharynx.

From a patient, aged 46, who died from gangrene of the lung.

1785<sup>50</sup>. Pharynx and œsophagus, with carcinomatous ulceration at the termination of the former, in which there are several nodular fungoid excrescences; the lining membrane at the commencement of the œsophagus is detached, forming an irregular flap.

1785<sup>62</sup>. Pharynx with a broad superficial carcinomatous ulcer; the cricoid cartilage denuded and irregular; some of the glands are infiltrated with cancerous products.

Case of Margaret D., aged 30. She died the day of admission into the hospital.

17. Misc. Insp. Book, p. 232.

1785<sup>70</sup>. Tongue, soft palate, and pharynx; the whole of the pharynx is much thickened, the soft palate is converted into a firm, nodulated, semi-cartilaginous mass from cancerous infiltration; there is a sloughing cavity on the right side of the pharynx, and much glandular enlargement; there was also old thickening of the pleura, and a small vomica at the apex of the lung.

Case of Mary B., aged 31, admitted into Mary ward under Dr. Addison's care in 1855. She had difficulty in swallowing for two months, and at last it became impossible.

Record of Inspection, 1855, No. 233.

1785<sup>75</sup>. Pharynx and commencement of the œsophagus, with large pedunculated fungoid excrescences at the termination of

the former. The larynx was pushed forward, causing a prominence resembling incipient bronchocele, rising and falling with the movements of deglutition; deglutition was performed with some difficulty, and there was some pulsation occasioned by the carotids. A portion of one of the tumors came away by the mouth during life, and disclosed the nature of the affection.

Case of Ann M., patient of Dr. Bright's. See Prep. 1774<sup>60</sup>, and Drawing 283.

- 1785<sup>76</sup>. Pharynx and commencement of the œsophagus, showing several united cancerous masses, which completely obstructed deglutition.

Case of Charlotte W., aged 32, admitted February, 1856. She was an anœmiated woman, who had been out of health for a year; for three months experienced great difficulty in swallowing, and for several days dysphagia had become extreme. The growth could not be felt from the mouth, nor could a bougie be passed. She died from acute inflammation of the larynx. The growth consisted of epithelial cancer.

See Guy's Reports, 1856, p. 225. Record of Inspection, 1856, No. 56.

1786. Œsophagus and stomach of a child who was poisoned by sulphuric acid. The part of the stomach most affected is that portion of the larger curvature which is immediately opposite to the termination of the œsophagus.

Presented by Mr. T. Hardy.

1787. Œsophagus of a person poisoned by sulphuric acid. There are numerous shreds of membrane on the surface, in part arising from separation of the mucous membrane and from coagulable effusion.

- 1787<sup>50</sup>. Adventitious lining of the œsophagus, stated to have been vomited by a young person, a patient of Dr. Bird's.

1788. Œsophagus and stomach, from a person poisoned by sulphuric acid; the mucous membrane is apparently destroyed.

1789. Œsophagus with short but sloughy marked stricture about an inch and a quarter from its commencement; the mucous membrane appears healthy, but there is considerable dense white deposit between it and the muscular coat.

- 1789<sup>40</sup>. Œsophagus presenting, opposite the bifurcation of the trachea, an irregular puckered ulcer, involving the whole circumference of the canal, and leading to considerable obstruction; the aperture only sufficiently large to admit a director; above the stricture the œsophagus was much dilated; the stomach was contracted.

Case of Elizabeth C., aged 54. She died in the Lambeth workhouse with gradually increasing obstruction to deglutition. Prep. 1777<sup>31</sup> shows ossific pleural membranes.

See Bryant's Cat., p. 24, No. 48.

- 1789<sup>50</sup>. Œsophagus of a lad about two inches above the cardiac extremity; the parietes of the œsophagus are thickened, the mucous membrane contracted, and apparently cicatrized for the space of an inch and a half. There is an absorbent gland in the neighbourhood of the stricture, adherent to the walls of the canal. The boy had had difficulty of swallowing from infancy, and a bougie was passed occasionally.

- 1789<sup>60</sup>. Œsophagus, contracted from carcinoma fibrosum, dilated above; a gland is situated at the lower part.

Presented by Mr. Tibbet.

- 1789<sup>75</sup>. Œsophagus ulcerated and cicatrized, supposed to be the result of sulphuric acid. The œsophagus was much dilated below the stricture; there was also an abscess behind the stricture containing four ounces of fluid, and communicating with the œsophagus. The patient had granular kidneys. He lived four days after admission into Guy's, but the particulars respecting the time the acid was taken are not known.

Case of John L., aged 33. 17. Misc. Insp. Book, p. 60.

1790. Œsophagus with stricture, supposed to be cancerous disease; it was situated about three inches from the commencement, and accompanied by ulceration of the mucous membrane. The patient died from inanition, and no disease could be detected in other parts.

1791. Œsophagus affected with carcinomatous ulceration, by which



a communication has been formed between it and the trachea, &c.

1792. Œsophagus affected with extensive cancerous ulceration, extending into the lung, which is extensively sphacelated.

From John C., aged 55. A few days before his death he expectorated a considerable quantity of black highly offensive fluid; there were several cysts in the kidneys, but no other carcinomatous disease.

2. Green Insp. Book, p. 44.

- 1792<sup>20</sup>. Œsophagus affected with extensive cancerous ulceration, extending into the lung and the bronchi; there is a large old gangrenous cavity at the apex, communicating with the opening into the œsophagus.

Case of George D., aged 45. 11. Green Insp. Book, p. 89.

- 1792<sup>25</sup>. Œsophagus, with cancerous ulceration a little above its termination in the stomach; the neighbouring portions are considerably thickened; the œsophagus is perforated in two places, and communicates with the lung.

Presented by Mr. Cock.

- 1792<sup>50</sup>. Œsophagus perforated by carcinomatous ulceration, and communicating with the left lung.

1793. Œsophagus affected with very extensive carcinomatous ulceration, and opening into the trachea.

- 1793<sup>8</sup>. Portion of the œsophagus presenting cancerous ulceration.

- 1793<sup>16</sup>. Œsophagus extensively ulcerated from cancerous disease, which has perforated the trachea about its centre, and also extends into the neck.

Presented by Mr. Towne.

- 1793<sup>20</sup>. Carcinomatous ulceration of the œsophagus, several inches in extent, communicating by a free opening with the larynx and the trachea at its commencement. Tracheotomy was performed, as shown at the anterior part of the specimen.

Case of Frances P., aged 32. She was admitted into Charity ward, July, 1849, and appeared to be dying from asphyxia, when Mr. Poland performed tracheotomy. Her life was prolonged for three months.

- 1793<sup>25</sup>. Œsophagus, showing about its centre a large cancerous ulcer extending into the trachea; a small portion of lung, presenting a carcinomatous tubercle, is shown with the œsophagus.

Case of Charlotte S., aged 38, admitted under Dr. Barlow's care, April 9, 1855, and died April 17. She had been a servant at Peckham, and had been ill for six months; she was extremely emaciated, and unable to swallow any food; the attempt to swallow was followed by regurgitation into the nostrils. The œsophagus and lung presented the appearance shown in the specimen; the bronchial glands were infiltrated, and there was a small cancerous tubercle in the kidney; the growth was composed of cancer cells.

See Drawing 283<sup>65</sup>. Record of Inspections, 1855, No. 68.

- 1793<sup>32</sup>. Œsophagus, with extensive carcinomatous ulceration opposite the bifurcation of the trachea; some lymphatic glands are enlarged at the side of the œsophagus and trachea.

From a lady beyond the middle period of life, who had long suffered from symptoms of stricture of the œsophagus, which was supposed to have been occasioned by swallowing an angular piece of sugar. See Prep. 1780<sup>32</sup> of scirrhus tubercles on the pleura.

Presented by Mr. Samuel Hallam.

- 1793<sup>33</sup>. Epithelial cancerous disease of œsophagus, showing the pneumo-gastric destroyed and the pericardium perforated. The pancreas and portion of liver affected with similar cancerous disease. See Prep. 1988<sup>76</sup>. So also suprarenal capsule.

Jane B., aged 60, admitted August, 1855. She had been ill for nine months; the first symptom was dysphagia. On admission, a tumor could be felt at the scrobiculus cordis; vomiting was sometimes very distressing. She gradually sank.

Record of Inspection, 70, 1856. Guy's Reports, 1856, p. 224.

- 1793<sup>34</sup>. Cancerous disease of the œsophagus opening into the trachea.

Case of John R., aged 50, admitted March, 1856. He was brought to Guy's dying from apnoea. Mr. Callaway performed tracheotomy, but he died in a few hours. About three inches below the commencement of the œsophagus was an irregular ulcer, with raised irregular edges; its base opened into the trachea; there was pneumonia at the base of the right lung, and the kidneys were granular.

Record of Inspection, No. 55, 1856. Guy's Reports, 1856, p. 223.

- 1793<sup>35</sup>. Cancerous disease of the œsophagus, extending nearly its

whole length, and destroying the whole calibre of the tube; the ulceration extended through the diaphragm, and formed an irregular sloughy cavity behind the stomach, and had a small secondary opening into the stomach; it extended into the left bronchus, and there was a sloughy vomica at the left apex.

Case of George W., aged 53, admitted under Dr. Habershon's care, September, 1856. Symptoms of dysphagia came on six weeks before death.

Record of Inspection, 173, 1856.

1793<sup>40</sup>. Œsophagus obstructed by a portion of pudding, taken from a child aged two years.

1793<sup>48</sup>. Lower half of the œsophagus, with the cardiac opening into the stomach. The lining cuticle has been removed to a considerable extent, apparently by digestive solution; that portion which lines the opening into the stomach still remains, and there are several portions of membrane scattered in the other portions of the tube.

1793<sup>50</sup>. Œsophagus deprived of its cuticle, in lines discolored and slightly gelatinous, the effect of gastric juice.

The patient, James D., aged 22, died from phthisis and hæmoptysis.

See Drawing 283<sup>25</sup> of œsophagus; 303<sup>25</sup> of stomach.

1793<sup>64</sup>. Small portion of œsophagus near the diaphragm; it is deprived of its cuticle, and perforated by gastric juice, which had also slightly corroded the surrounding tissues.

From W. M., aged 39, who died from acute inflammation of the pia mater and arachnoid, with effusion into the ventricles, after a blow on the head.

5. Misc. Inspec. Book, p. 17.

1793<sup>80</sup>. The lower end of the œsophagus, divided throughout the whole of its textures by gastric solution; the tissues of the posterior mediastinum were also much dissolved, and the left pleura perforated; the contents of the stomach had entered the pleura, and the posterior edge of the lung was denuded of its serous membrane.

Case of Elizabeth B., aged 19, who died from typhoid fever, with ulcerated intestine. See Prep. 1784<sup>20</sup> of the lung and pleura.

5. Misc. Inspec. Book, p. 1.



## STOMACH.

1793<sup>90</sup>. A portion of the cardiac extremity of the stomach, dried, and presenting a small pouch from the mucous membrane.

1794. Stomach, presenting hypertrophy of the mucous and muscular coats, probably from chronic inflammation.

Case of S., a man about 50 years of age, originally a sailor, subsequently a tailor. He had been long addicted to intoxication, which often brought on fits of insanity. Three or four months before his death he began to complain of pain in the stomach, at first unaccompanied by sickness; the sickness which subsequently came on was never very considerable, but he had difficulty of deglutition; and latterly could swallow nothing but liquids; his bowels were constipated, and his emaciation was great. The cavity of the stomach was extremely contracted; the coats are as remarkably thickened; the mucous coat and the submucous cellular tissue are three to four lines in thickness, and the muscular layer much hypertrophied.

Presented by Mr. M. W. Casson, Hull.

1794<sup>50</sup>. Stomach, the mucous membrane of which is mammillated.

1794<sup>55</sup>. Stomach, the mucous membrane of which, near the pylorus, is remarkably mammillated; at this part the follicles of the stomach were hypertrophied; portions of mucus are coagulated and adherent to the mucous membrane.

From Isabella M., aged 19, who died from peritonitis after tapping a multilocular ovarian tumor.

Record of Inspection, 1854, No. 203.

1795. Stomach, showing hour-glass contraction about its centre.

1796. Stomach, showing hour-glass contraction about the centre; the peritoneal surface at that part is thickened and white.

Presented by Sir Astley Cooper.

1796<sup>25</sup>. Portion of stomach, presenting a small polypus growing from the mucous membrane; it consisted of the elements of mucous membrane.

From Hannah B., aged 41, admitted April, 1856, and died from inflammatory softening of the brain, with pneumonia, &c. On the day of her death she had been found in her bed in a comatose condition.

Record of Inspection, 74, 1856.

- 1796<sup>50</sup>. Pyloric extremity of a stomach, showing the pouch-like convexity at the greater curvature near the pylorus. This is not an unfrequent condition, and is probably not abnormal, but would be increased by obstruction at the pylorus.

Presented by Dr. Stoud.

- 1796<sup>55</sup>. Portion of the cardiac extremity of the stomach, presenting a small hernial pouch of the mucous membrane.

Case of Sarah F., aged 66, a single woman, a servant. She had been of regular habits, but had not enjoyed good health; five days before death was seized with pyrexia, sore throat, &c., and died from suppuration external to the larynx.

New vol. Inspections, I., p. 203.

1797. Stomach of a man who died from hæmatemesis; the stomach appears healthy.

- 1798<sup>32</sup>. Stomach of a person who destroyed herself by taking arsenic. The stomach is large; the mucous membrane thinned at the greater curvature, dissolved and partially abraded at the other parts.

- 1798<sup>64</sup>. Portion of coagulable lymph, found in the stomach of a young man who had accidentally taken arsenic; it had a membranous appearance, and received the impression of the rugæ of the stomach, and presented numerous bright bloody spots, although there was no visible breach of substance in the surface of the stomach.

The patient, aged 16, had taken, the day before his death, a piece of cheese charged with arsenic to destroy rats; and a portion of this cheese was involved in the substance found in the stomach; he took the cheese before his dinner, and after his meal vomiting and pain came on; he survived 26 hours. The mucous membrane of the stomach showed extensive and bright injection, especially the rugæ; there was diffused injection of the duodenum; the œsophagus and peritoneum were healthy; the mucous membrane of the large intestine was pale, but congested at the lower part of the rectum; the mesenteric glands were much enlarged. See Drawing, 290.

8. Green Inspec. Book, p. 92.

- 1798<sup>80</sup>. Portion of the stomach of a person who had taken arsenic, and survived for 13 hours. There is a large oval tumid

patch, coated with mucus and adherent poison; the inflammation very acute, and some echymosis remains; beside the appearance of intense inflammation of the stomach, there were a few circumscribed patches of inflammation of the jejunum; there was injection, in less degree, in the cæcum; the rest of the large intestine was healthy.

Case of Harriet H., aged 25. See wax model, No. 59.

9. Misc. Inspec. Book, p. 45. Guy's Reports, vol. ii., 1837, p. 68.

1799. Stomach of a person poisoned by sulphuric acid. The mucous membrane of the œsophagus and stomach are almost entirely destroyed.

1799<sup>20</sup>. Stomach of a woman poisoned by sulphuric acid. The acid destroyed the mucous membrane along the lesser curvature and towards the pyloric extremity of the stomach, but left the fundus free; the mucous membrane at the former parts had separated as a slough, and was attached at one extremity; the œsophagus was only slightly affected.

Case of Charlotte D., aged 55, a woman of weak intellect. She drank a wine glassful of dilute sulphuric acid before breakfast, on October 5, and died on the 16th. There was vomiting of blood and purging, but no complaint of pain. She died unexpectedly. The colon and small intestine were acutely inflamed.

Record of Inspection, No. 182, 1855. See Drawings, 304<sup>6</sup> and 318<sup>11</sup>.

1799<sup>25</sup>. Stomach and œsophagus of a man who poisoned himself by sulphuric acid.

Case of William V., aged 56, admitted October 28th, 1856, and died on the 31st. The acid, about 3 iii., was taken by mistake; the mouth was brown in color. The patient walked up stairs, did not appear to suffer much, nor were the symptoms apparently very severe; he died unexpectedly on the third day. The pyloric half of the stomach was blackened, the membrane raised in sloughy ridges consisting of carbonized mucous membrane and blood. The fundus was softened; the coats of the œsophagus were very much swollen, and the rugæ slightly acted on by the acid.

Record of Inspection, No. 211, 1856.

1799<sup>32</sup>. Stomach and œsophagus of an old man who was poisoned by sulphuric acid; the mucous membrane is irregularly flocculent, charred, and perforated.

See Drawing, No. 304.



1799<sup>35</sup>. Stomach after poisoning by chloride of zinc; exceedingly contracted, only five inches in length; ulcerated near the pylorus and near the œsophagus; at the latter part there was a pouch-like portion of the mucous membrane of the stomach adhering to the spleen and perforated; an abscess was formed, bounded by the stomach, diaphragm, and spleen, and containing about three ounces of dirty pus; at the pylorus, in the centre of the ulcerated part, was a second perforation, but extravasation was prevented by adherent omentum and transverse colon; the other portion of the mucous membrane was contracted, and in several parts cicatrized; the muscular coat was considerably hypertrophied; a portion of œsophagus showed partial destruction of the mucous membrane.

Case of Sarah R., aged 22, admitted into Guy's under Dr. Wilks' care, December 24, 1856, and died January 9, 1857. Twelve weeks before admission she had taken about a table-spoonful of Burnet's disinfecting fluid; violent vomiting of mucous and afterwards of bilious fluid came on, and purging; she did not suffer pain, but in a day or two was able to move about the house; the vomiting after food, however, continued, and everything was ejected about five minutes after having been taken. About one week before death she complained of pain in the left hypochondriac region, and soon afterwards appeared exceedingly ill; collapsed sunken eye, but no pain or distension of the abdomen. Pneumonia of the lower lobe of the left lung was found, in addition to the condition of the stomach described.

Record of Inspection, No. 5, 1857.

1799<sup>46</sup>. Cardiac end of the stomach, softened and perforated, said to be ruptured.

The patient, M. C., aged 24, was a cabinet-maker of intemperate habits. For many months he had complained of pain in the epigastric region, sickness, loss of appetite, and flatulencia. At a public supper at 9 p.m. he complained of sickness, and vomited; he was seized with pain at the epigastrium and great difficulty of breathing, the countenance became anxious, and the abdominal muscles contracted; at 2 a.m. an emetic was administered, composed of tartarized antimony and ipecacuanha—this produced no effect; at 7 a.m. the face and neck were emphysematous, another emetic was administered and an injection of salts used; at 10 a.m. the stomach pump was used, and he died at noon. Examination twenty hours after death:—There was general emphysema, the stomach was distended with gas; on opening the chest the stomach collapsed; a rent was found in the œsophagus as it passed through the

diaphragm, and was filled with ingesta. In the preparation the rent extends into the cardiac extremity of the stomach; the cardiac extremity was softened by digestion of its coats; the left lung was contracted, and the fluid in the left pleura had castor oil floating on its surface; the posterior mediastinum was partially dissolved; there was recent lymph in the pericardium; both lungs were much congested; the intestines were distended with gas.

Presented by Mr. Curtis. 19. Misc. Insp. Book, p. 80.

1799<sup>54</sup>. Cardiac orifice of the stomach; the mucous membrane flocculent, and detached from gastric digestion after death.

1799<sup>64</sup>. Portion of a stomach and œsophagus. The mucous membrane of the former is softened, and the mucous membrane separating in shreds and corrugated; the submucous tissue contains an opaque spherical tubercle one-fourth of an inch in diameter.

From Benjamin D., aged 45, a worker in white-lead. Admitted into Guy's in a state of stupor, with occasional delirium. The pulse was slow; he became more delirious and comatose, and died apparently from fever with cerebral complication; the brain was large and dry, the lungs gorged, kidneys healthy; the change in the stomach was probably the result of post-mortem digestion.

1. Note Book, p. 168. Dr. Bright's cases, vol. ii., part i., p. 370.

1800. Enlarged and thickened stomach of a sailor, who had swallowed clasp knives.

J. C. was an American sailor, 23 years of age, who in June, 1799, swallowed four clasp knives; three were discharged from the bowels. In March, 1805, he swallowed fourteen knives in two days; in December, 1805, he swallowed fifteen to twenty more; making thirty-five swallowed at different times. His health became impaired; he vomited the handle of one, and passed portions of the blades of others; and in March, 1809, he died in a state of extreme exhaustion. In the abdomen there was a general discoloration of the intestines; one blade was found, perforating the colon opposite the kidney, but without extravasation of fæces. Another blade was transversely fixed in the rectum; in the stomach were numerous blades of knives, partially dissolved. "The œsophagus at its lower part, and the upper orifice of the stomach, were thicker than natural. The left extremity of the stomach, where the spleen adheres to it, had its usual texture; but the right was exceedingly thickened. The rugæ, in the mucous membrane, were unusually prominent; and there were granulated projections from the

edges of the rugæ. This membrane was still slightly colored by the steel; the pylorus was natural, but the duodenum had a greater thickness than usual."

See Preparations, 963 and 964.

Dr. Marcet's account in the Med. Chir. Trans.

1801<sup>10</sup>. Portion of stomach. The mucous membrane is thickened; it presents a small irregular superficial ulcer on one of the rugæ, with several others scattered over the mucous membrane.

1801<sup>25</sup>. A portion of a stomach, showing two small superficial ulcers on the surface. In the smaller of the two, the open mouth of a small artery may be observed.

Case of Butler. Job Ward, December 31, 1846.

1801<sup>30</sup>. A portion of stomach, presenting a small superficial ulcer at the left extremity of the stomach. A bustle is passed into an open artery, which had been divided by the ulceration, and had led to fatal hæmatemesis.

Case of Charles R., aged 57, a stout man, admitted on account of hæmorrhoids, and who died unexpectedly from hæmorrhage from the stomach. See coagulum from duodenum, 1817<sup>65</sup>.

18. Misc. Inspec. Book, p. 268.

1801<sup>32</sup>. Inverted stomach, with a well-defined depressed ulcer, with clean edges, about the middle of the lesser curvature. The mucous membrane is everywhere thickened, granular, and was deeply injected, but free from abrasion.

Case of William F., aged 50. He had led a life of considerable irregularity and hardship, being by occupation a courier; he was spare and debilitated. He was brought to Guy's for an ulcer on the leg, and had also symptoms of diseased heart; but those of disease of the stomach were such as not to attract particular attention. On inspection, he was found to have pericarditis, thickening of the mitral and aortic valves. The stomach was of a diffused orange-red color, and presented the ulcer seen in the preparation. The rest of the alimentary canal was congested. The liver was described as healthy, but the kidney was in a state of advanced disease. See Model 56.

9. Green Inspec. Book, p. 74.

1801<sup>61</sup>. Stomach somewhat contracted, and presenting extensive



ulceration near the pylorus, and along the lesser curvature, apparently of chronic character.

From a middle-aged woman, who had laboured under great want and hardship, and had suffered from obstinate irritability of the stomach.

1802. Inverted stomach, showing the destruction of the mucous membrane of rather more than the middle third of the organ; the edges of the remaining mucous membrane are well defined. It has been probably produced by solution from the gastric juice. The stomach is contracted at its centre.

1802<sup>12</sup>. Stomach, of which the cardiac extremity is greatly distended and attenuated. The mucous membrane is, to a great degree, softened and removed, and the other coats perforated by a large opening, the effect of digestion.

From James B., aged 23. He was admitted with lumbar abscess, and became gradually more and more prostrate; but the day before his death he was seized with vomiting. He afterwards became convulsed, and continued insensible till his death. On inspection, there were recent adhesions between the layers of the arachnoid, and considerable puriform effusion beneath it. There was subarachnoid puriform effusion at the base of the brain, and throughout the whole length of the vertebral canal, and a communication with the lumbar abscess. There were vomicae in the lungs. The left pleura contained dirty fluid, with oil floating upon it, which appeared to be derived from a communication with the stomach, which was found to exist. The mucous membrane of the stomach, as far as it was left undissolved, appeared healthy. The rest of the alimentary was healthy.

See Drawing of the Brain, 74. 7. Green Insp. Book, p. 16.

1802<sup>15</sup>. Stomach, of which the whole of the cardiac extremity is destroyed by gastric solution. The margin of the opening was of a brownish-green color, very thin, and semi-diffuent.

From Catherine N., aged 3, affected with acute meningitis and lobular pneumonia. Inspection was made 22 hours after death.

Record of Inspection, 19. 1856.

1802<sup>24</sup>. Stomach perforated at its cardiac extremity by digestion.

- 1802<sup>25</sup>. Stomach, presenting several irregular ulcerations at the lesser curvature of the stomach; the mucous membrane undermined. These apparent ulcerations were probably produced by gastric solution.

From Edwin E., aged 19, who died, after amputation of the foot, from pyæmia.

Report of Inspection, 110. 1854.

- 1802<sup>36</sup>. Stomach with one large, and two or three small ruptures in the mucous membrane. The stomach was prodigiously distended by recent coagulum of blood.

Case of Henry G., aged 40, who died from aneurism of the aorta bursting into the œsophagus.

8. Green Inspec. Book, p. 4.

- 1802<sup>65</sup>. Portion of stomach, showing local suppuration in its coats near the pylorus.

Case of Eliza T., aged 40, a married woman, a hospital nurse. She had been complaining of pain in her limbs and back for a fortnight, and for a few days had also pain in the chest and stomach; the symptoms of peritonitis then came on, with constant vomiting and thirst; death was preceded by stupor. The peritoneum contained very offensive pus; the stomach presented, near the pyloric third of the greater curvature, a thickened firm mass, measuring  $4\frac{1}{2}$  inches by  $3\frac{1}{2}$ ; the mucous membrane of the stomach was inflamed and dotted with spots of echymosis, and an irregular dark brown patch about half an inch in diameter was found near the pylorus, corresponding to the centre of the thickened mass. There was effusion of pus between the muscular and mucous coats in the submucous cellular tissue; the intestines were distended with gas; the posterior part of the right lobe of the liver was dark, congested, echymosed, and lacerable; there was a small polypus in the rectum.

Inspections, New vol. i., p. 197. See Preparation of rectum, 1883<sup>80</sup>.

- 1802<sup>72</sup>. Portion of stomach near the cardiac extremity, with numerous very minute ulcers, follicular.

From Mary M., aged 40, who died with pleurisy after a severe burn; she only survived the burn one day. The duodenum contained some bilious fluid; the mucous membrane of the ileum was somewhat injected.

12. Green Inspec. Book, p. 26.

- 1802<sup>75</sup>. Portion of stomach; presented very numerous minute ulcerations of the stomach, follicular.

Case of Susan K., aged 67. Admitted with general anasarca, albuminous urine, and irregular pulse. A short time before death, vomiting of dark-colored fluid came on.

Report of Inspections, 1854, No. 129.

- 1802<sup>79</sup>. Superficial ulceration of the stomach, from a patient affected with phthisis and melasma supra renale.

From James M., aged 64, a man of dissolute and intemperate habits, admitted April, 1854, exceedingly anæmiated; he gradually sank. Disorganization of the lung was found on inspection, the supra renal capsules atrophied.

See Prep. of renal capsules 2022<sup>8</sup>, and Drawing 353<sup>11</sup>.

Record of Inspections, 1854, No. 149.

- 1802<sup>84</sup>. Stomach in which there is a wide deep chronic ulcer, perforating all its tunics, situated near the middle of the smaller curvature superiorly; there was adhesion to the liver, and the patient is said to have died from some other complaint.

1803. Stomach, presenting a large chronic ulcer perforating its coats, but filled up by adhesion to the liver and pancreas. The patient died of tubercular phthisis, and had formerly been affected with constant vomiting.

Presented by Mr. C. A. Key.

1804. Small chronic ulcer in the stomach with adhesion to the pancreas. From a man who had served in the Walcheren expedition, and was ill afterwards till his death.

- 1804<sup>50</sup>. Portion of the pyloric portion of the stomach, presenting an extensive chronic ulcer; the mucous membrane at the ulcerated part is destroyed; the muscular coat apparently entire; partial cicatrization had taken place.

From Margaret M., aged 50, a hospital nurse, who had several times been suspected to have had hernia. Thirty-six hours before death symptoms of peritonitis came on; on inspection it was found that there had been old pelvic inflammation between the rectum and uterus; there was slight constriction, and fœcal abscess which had led to the fatal peritonitis. There was effusion of blood beneath the peritoneal surface of the liver, 1909<sup>30</sup>.

2. Misc. Inspec. Book, p. 80.



1805. Stomach, having a large oval ulceration perforating all its coats; the ulcer is situated near the lesser curvature, and appears to have been closed by adhesion to the neighbouring parts.

Presented by Mr. Avrill.

- 1806<sup>4</sup>. A portion of stomach, the coats of which are perforated by an ulcer having greatly everted edges; the mucous membrane is covered by thick mucus; the aperture was probably closed by peritoneal adhesions.

- 1806<sup>8</sup>. A portion of stomach presenting a small ulcer, chronic in character and perforating all the coats; the opening in the mucous membrane is seen to be much larger than that in the muscular and peritoneal coats.

- 1806<sup>12</sup>. Stomach, with a small ulcer at the lesser curvature which has led to perforation; there is a slight thickening of the surrounding parts; the opening through the peritoneum is observed to be much smaller than that in the mucous membrane; it is round, as if "punched out;" the mucous membrane generally is thickened, granular, and rugous.

From a middle-aged man of rather intemperate habits, who died very suddenly; he had previously complained of slight indigestion. He was a servant who had been a considerable time out of place, but not reduced to indigence.

Presented by Mr. Window.

- 1806<sup>24</sup>. Stomach with a small ulcerated opening in the lesser curvature; the opening in the mucous membrane clean, defined, and circular, larger than in the other coats; there is a smaller similar ulceration of the mucous membrane near the former.

From M. A. P., aged 20, a needlewoman in distressed circumstances. She had occasional nausea and craving for food, but could not take much; she had one or two attacks of pain in the abdomen, which were referred to undigested food; sudden very intense pain in the abdomen came on, especially in the right iliac region, and she died in forty hours. On examination, the whole of the alimentary canal, except the stomach, was found healthy.

- See Drawing of stomach, No. 298. 8. Green Insp. Book, p. 73.

1806<sup>25</sup>. Stomach with an ulcer, which had led to perforation and death from peritonitis in twenty hours; a smaller ulcer extending into the muscular coat, is observed near the perforation.

Case of Hannah B., aged 28, a milliner. She had suffered from slight symptoms of dyspepsia.

Presented by Mr. May. See Guy's Reports, 1855.

1806<sup>36</sup>. Stomach with an ulcerated opening in the smaller curvature, about one-third from the pylorus; it is considerably larger internally than externally; somewhat nearer to the cardiac extremity is a small ulcerated spot, in which the mucous membrane only is destroyed.

1806<sup>48</sup>. Stomach with two chronic ulcers, one perforating all the coats, the other only the mucous membrane.

1806<sup>60</sup>. Stomach with an ulcerated opening in the lesser curvature; on the internal surface the mucous membrane is destroyed for a considerable distance, nearly two inches in length; the ulcer appears to be of a chronic character; the opening into the peritoneum was obstructed by adhesions; the mucous membrane of the stomach is thickened and granular.

From a steady and abstemious young woman, aged 22, a housemaid, who for three or four months had complained of pain in her left side, uneasiness after meals, considerable flatulency, and habitual constipation.

1. Note Book, p. 169. Presented by Mr. Tipple.

1806<sup>61</sup>. Cicatrix near the lesser curvature of the stomach; the parietes thickened.

Case of James H., aged 55, patient of Mr. Hilton's, who died after amputation of the elbow.

Report of Inspections, 1854, No. 254.

1806<sup>68</sup>. Pyloric extremity of the stomach presenting three cicatrices, which were thin, smooth, and rather firm.

1806<sup>69</sup>. Stomach exceedingly contracted, and presenting several chronic ulcers; the mucous membrane was thickened and fibrous, and presented several villous growths projecting

from the surface; the muscular coat also was exceedingly hypertrophied.

Case of Thomas F., aged 34, patient of Dr. Habershon's. He had been ill for a year, suffering from vomiting, pain at the stomach, and emaciation. On admission his emaciation was extreme, and he only survived for a few days. On inspection, the lower lobe of the right lung was found in a state of red hepatization, but there was no evidence of cancerous disease either by general or microscopical examination.

See Drawing of the stomach 296<sup>20</sup>. Record of Inspection, 1854, 142.

- 1806<sup>70</sup>. Portion of stomach near the lesser curvature, presenting three ulcers, one nearly an inch and a half in length, and covered by a portion of sloughing membrane resting upon a fibrous base; the sides of the ulcer raised and slightly thickened.

Stephen F., aged 51, admitted April 11, suffering from albuminaria and chronic pleuro-pneumonia; bronchitis came on, and he died in a short time, April 20.

Record of Inspections, 1855, No. 69.

- 1806<sup>72</sup>. Portion of the stomach and duodenum; the pylorus is considerably thickened, and there is an ulcer on the first portion of the duodenum; the disease of the pylorus consists in hypertrophy of the muscular coat, without much thickening of the mucous or submucous tissue.

Case of Ann L., aged 32, who died from anasarca and granular kidneys, but did not present any evidence of cancer.

5. Green Inspec. Book, p. 27.

- 1806<sup>75</sup>. Pylorus showing considerable hypertrophy of the muscular coat, with fibroid degeneration of cellular tissue; with it is another portion of the same stomach, showing slightly raised growth, consisting of hypertrophy of the mucous membrane.

Case of Griffith G., aged 62, admitted under Dr. Hughes' care in an exceedingly prostrate and anæmiated condition; he was a weaver at Bethnal Green, his skin dusky in color. Four months before death his legs swelled, and violent pain at the stomach came on; insuperable diarrhœa came on and continued till death; the urine was not albuminous; the colon was found ulcerated.

See Drawing of face 159<sup>61</sup>; of stomach 298<sup>60</sup>.

Report of Inspections, 1854, No. 112.



1807. Carcinomatous ulceration of the cardiac extremity of the stomach. The ulcerated surface is about three inches in length, with raised thickened edges; there is considerable thickening of the muscular and submucous, as well as the mucous coat above the stricture.

1808. Cancerous disease of the stomach; the ulcerated surface is exceedingly extensive, and reaches the œsophageal opening.

1808<sup>50</sup>. Pylorus exceedingly contracted from chronic disease, described as scirrhus; there is considerable infiltration of firm white tissue between the muscular fibre of the pylorus.

From Mr. S., aged 43, a man of intemperate habits, who suffered from vomiting, gradually increasing emaciation, and exhaustion; a tumor could be felt near the umbilicus, and the stomach was much distended.

Mr. Bryant's Col., No. 15, p. 9.

1809. Cancerous disease of the pyloric extremity of the stomach; the growth involves all the coats of the stomach, and is beginning to ulcerate.

Presented by Sir A. Cooper.

1810. Cancerous disease of the pylorus; the opening at the pylorus is almost closed; the stomach is greatly distended.

1810<sup>50</sup>. Cancerous ulceration of the pyloric extremity of the stomach; there is firm adhesion to the liver and pancreas.

Mr. Bryant's Cat., No. 3, p. 4.

1811. Extensive carcinomatous ulcer at the pyloric extremity of the stomach; the ulceration has extended quite through the walls of the stomach.

1811<sup>25</sup>. Cancerous disease of the pyloric extremity of the stomach; some parts of it have the appearance of areolar or colloid cancer, but the surface is quite flocculent, and presents an aggregation of delicate processes. (Villous.)

1811<sup>36</sup>. Cancerous ulceration affecting the whole mucous membrane

of the pylorus; there is considerable thickening and degeneration of the muscular and subperitoneal coats.

Case of John L., aged 62. There were old pneumonic cavities at the apices of the lungs, and some cancerous tubercles beneath the pleura.

19. Misc. Inspec. Book, p. 215.

- 1811<sup>50</sup>. Portion of stomach, at the pyloric extremity of which there is considerable cancerous ulceration, affecting the mucous membrane and subjacent coats. The gall bladder is firmly attached by old adhesions to the stomach, and is considerably thickened.

Presented by Mr. Wollaston, Tottenham.

1812. Portion of stomach, presenting at the pyloric extremity extensive cancerous ulceration. The edges of the growth much raised.

Case of J. D., aged 72. On inspection, small carcinomatous tubercles were found beneath the pleura; there were also pneumonia and gangrene of the lung; the glands in the posterior mediastinum were infiltrated; there were tubercles also on the peritoneum; and cancerous disease of the left supra renal capsule and adjoining glands. See Prep. of renal capsule, 2022; of atheromatous aorta and semilunar valves, 1420 and 1462.

Red Inspection Book, p. 166.

- 1812<sup>16</sup>. Portion of a stomach, with cancerous disease of the pylorus, and partial peritoneal adhesion.

Presented by Sir A. Cooper.

- 1812<sup>32</sup>. Stomach, the parietes of which are universally thickened by carcinomatous deposit; the mucous membrane is nearly half an inch in thickness. The muscular coat is hypertrophied, and the submucous and subperitoneal tissues infiltrated; near the lesser curvature there is ulceration, and the mucous membrane is separated in the form of dark ragged slough; the neighbouring glands were infiltrated. The patient was fifty years of age.

See 8th Green Inspec. Book, p. 103. Presented by Dr. Babington.

- 1812<sup>48</sup>. Portion of stomach, with considerable cancerous ulceration

at the lesser curvature. The peritoneal surface has contracted firm adhesion to the neighbouring parts. The œsophageal opening appears contracted.

Cat., 29, 7. Brookes' Collection.

- 1812<sup>64</sup>. Portion of stomach, with cancerous ulceration of the smaller curvature near the pylorus. The peritoneal coat has contracted firm adhesions to the neighbourhood of the pancreas, which is stated to have been also diseased.

Cat., 41, 7. Brookes' Collection.

- 1812<sup>80</sup>. Stomach affected with cancerous disease near the pyloric extremity. The growth has the appearance of several rounded tumors surrounding the outlet.

The patient, William W., was affected about thirteen months previously with ascites and hepatitis, for which paracentesis was performed.

1813. Considerable and extensive cancerous disease of the stomach near the pylorus. (Scirrhus.) There is slight ulceration; the muscular coat is considerably thickened, and the subserous tissue infiltrated.

From a patient of Dr. Back's.

- 1813<sup>7</sup>. Scirrroid pylorus. The mucous membrane is thickened, and the muscular tissue much hypertrophied.

Presented by Dr. Alderson of Hull.

- 1813<sup>14</sup>. Stomach affected with gelatini form or colloid cancer. The mucous membrane is nearly half an inch in thickness, and presents cells filled with clear jelly-like fluid; this thickening is most marked near the pylorus. The whole of the muscular layer is considerably thickened, especially at the pylorus. The œsophagus is also hypertrophied.

W. C., aged 57, admitted under Dr. Bright. He complained of pain midway between the umbilicus and scrobiculus cordis, with slight tenderness, accompanied with nausea. He had an attack of erysipelas, recovered, and left the hospital; soon afterwards the stools became white, and occasionally tinged with blood. He stated that the food he swallowed was regurgitated before it reached the stomach. There was contraction of Glisson's capsule; the gall bladder, and part of the cystic duct, were obliterated; the rest of the alimentary canal was healthy.

1. Misc. Inspec. Book, p. 48.



- 1813<sup>21</sup>. Stomach affected with colloid or gelatiniform cancer at the pyloric extremity. The stomach is completely divided, and the sections beautifully show the disease of the mucous membrane, and the change of the submucous and muscular coats.

Presented by Sir A. Cooper.

- 1813<sup>28</sup>. Portion of stomach affected with colloid cancer. The preparation is very similar to 1813<sup>21</sup>, but the disease has presented itself upon the peritoneal surface. The preparation is in some parts discolored by the action of lead.

Presented by Mr. Jackson.

- 1813<sup>29</sup>. Stomach affected with colloid or gelatiniform cancer. The stomach was very much contracted, and its walls were three-quarters of an inch in thickness; the outer or muscular layer was a quarter of an inch in thickness, semi-transparent, and divided by white bands continuous with the submucous tissue. The mucous membrane itself consisted of minute colloid cysts, containing clear gelatinous fluid, most distinctly observed on the inner surface of the stomach. The whole mucous membrane had a pulpy honeycomb appearance. The pylorus was not thicker than the rest of the stomach, but the hypertrophy of the muscular coat extended the whole length of the œsophagus; some of the glands at the lesser curvature are enlarged. The fluid from the colloid cysts contained large cells filled with several nuclei, and were surrounded by very delicate tissue. The vessels of the stomach were rendered quite patulous.

Elizabeth T., aged 37, admitted into Guy's, 1850. She had been a servant, and had been out of health for four months, but twelve months previous to admission had jaundice; she was somewhat emaciated, and had a sallow, aged, and very haggard expression of countenance; she complained much of flatulent distension of the abdomen, with sensation of sinking; after eating, she suffered much pain, but this was most severe after taking fluids. There was occasional vomiting, or rather regurgitation, of thin, glairy, gelatinous fluid. She became drowsy, semi-jaundiced, and gradually sank. There was colloid cancer of the ascending colon.

See Guy's Reports. 1855.

- 1813<sup>30</sup>. Colloid cancer of the stomach and omentum, the latter forming a hard mass, which extended across the abdomen.

Case of John C., aged 47, admitted under Dr. Barlow's care. A month before admission he began to experience pain at the scrobiculus cordis; vomiting came on, with costiveness and gradual emaciation; a tumor could be felt extending across the abdomen, which was the ridge of the diseased omentum. Drawing 465<sup>25</sup>.

See Guy's Reports, 1855, page 127.

New Vol. Insp., Vol. IV., p. 116.

- 1813<sup>33</sup>. Stomach, and part of the œsophagus, showing colloid cancer affecting the œsophageal extremity.

Presented by Dr. Lever.

- 1813<sup>35</sup>. Pyloric extremity of the stomach, with enlarged glands encroaching upon it. The glands are infiltrated with cancerous product, and there is commencing ulceration of the stomach. The muscular coat at the pylorus is considerably hypertrophied, and the mucous membrane thickened.

Case of Susan V., aged 45. For many months before her death had complained of weakness and loss of appetite, but for only three months had she suffered from vomiting. A tumor could be felt to the right of the umbilicus. The body was greatly emaciated; there were medullary tumors found in the liver, spleen, and beneath the pleura. In the uterus were several firm globular tubercles imbedded in its substance, but projecting from its surface. The inguinal and lymphatic glands were enlarged. See Prep. 472<sup>76</sup> of thyroid body.

8. Misc. Inspec. Book, p. 135.

- 1813<sup>55</sup>. Stomach everted, with a quill passed through the contracted pylorus. (Scirrhus.) The mucous and submucous coats at the pylorus are much thickened, and the muscular coat hypertrophied. There is also some ulceration of the adjoining mucous membrane.

Case of William P., aged 48, a woollen-dyer, who had drank freely of spirits. Three years before his death he began to complain of pain at the stomach. For two years he suffered from vomiting, which came on about two hours after food. He became exceedingly emaciated. On inspection, the stomach was the only part found diseased.

2. Note Book, p. 31. Presented by Mr. Norris.

D

1813<sup>58</sup>. Carcinoma of stomach. A large ulcer is situated at the cardiac end of the stomach, and the muscular fibres of the œsophageal opening are much hypertrophied. The lymphatic glands at the lesser curvature, and on the spine, are affected with medullary carcinoma, involving also the gall-bladder and liver. The aorta is seen to be invested on either side by a chain of these diseased glands. The omentum forms a thick contracted mass.

Presented by Mr. Callaway.

1813<sup>66</sup>. Carcinomatous ulceration of the stomach, extending from the œsophageal opening to the pylorus. In some parts all the coats are destroyed. The stomach has contracted firm adhesions to the liver, which contains cancerous tubercles; the pancreas is also invaded. The lymphatic glands are enlarged and diseased. The left kidney is very much atrophied, and the supra renal capsule said to have been affected.

Presented by Mr. A. Tweedie.

1813<sup>70</sup>. Stomach, presenting a large villous growth from its surface. It consisted of delicate villous processes filled with granules and nuclei. There was hypertrophy of the pyloric orifice; no cancer of any organ. The liver was in a state of advanced cirrhosis.

Case of Isabella D., aged 65, admitted July, 1855, under Dr. Addison's care. Seven weeks before death, the legs began to swell, afterwards the abdomen. Diarrhœa, great prostration, and partial coma, came on before death.

Record of Inspec., 1855. No. 145.

1813<sup>82</sup>. Portion of stomach, presenting three carcinomatous (?) growths. One flattened, and perhaps ulcerated; another is pedunculated. From a woman who was upwards of seventy years of age. From the Dissecting Room.

1814. Pyloric extremity of the stomach, the mucous membrane of which is ulcerated. Adherent to the external surface is a large gland, described as scirrhus.



1815. Portion of the stomach and colon. Near the pylorus was a large medullary cancerous growth, and it had extended by a small ulcerated opening into the transverse colon. A portion of lung from the same case is put up with the intestine; it shows iron grey induration, with cretaceous masses and minute tubercles.

Case of John T., aged 67, admitted under Dr. Hughes' care, 1855. A year before death symptoms of dyspepsia came on; he gradually emaciated; a tumor could be felt at the scrobiculus cordis; he suffered severe pain after taking food, but no vomiting. The abdominal aorta and vena cava contained an ante-mortem clot. See Prep. 1852<sup>80</sup>.

Record of Inspec., 1855. No. 170.

1816. Stomach, and part of the colon, showing the mucous membrane much thickened, and the muscular layer hypertrophied; probably the effect of chronic inflammation.

From a sailor, aged 66, addicted to excess in drinking; his symptoms had been constant and great emaciation. See Prep. of kidney and ureter, 2024.

Presented by Mr. Hardy, Jun.

- 1816<sup>50</sup>. Stomach, and part of the colon. The stomach is everted, and shows at the pylorus great thickening of the mucous membrane, with hypertrophy of the muscular coat. Near the pylorus is a tumor, apparently composed of the mucous membrane enormously thickened. It is described as the result of chronic inflammation.

1817. Dried portion of mucous membrane of stomach, presenting several emphysematous globules, probably the result of post-mortem decomposition.

- 1817<sup>25</sup>. Stomach of a child. The mucous membrane is detached and lacerated in a remarkable manner from a sudden blow, while the stomach was full.

Case of John C., aged 7. An omnibus had passed over his body, and fractured the thigh. Soon after admission, vomiting of blood came on, and continued till death. On inspection, three-quarters of a pint of blood was found in the peritoneum, and a small quantity was found behind the pancreas. The right lobe of the liver was lacerated.

19. Misc. Inspec. Book, p. 349.

## SMALL INTESTINES.

### DUODENUM.

1817<sup>50</sup>. Portion of the duodenum, having a small pouch or cul de sac, about two-thirds of an inch long, and about one-third of an inch in diameter. It is principally formed by distension of the mucous membrane. It is situated at the pyloric side of the opening of the bile duct.

1817<sup>65</sup>. Coagulated blood from the duodenum, produced by ulceration of the stomach, which laid open an artery.

William R., aged 57, admitted into Guy's for hæmorrhoids, and died suddenly from hæmatemesis. In the stomach was a small follicular ulcer with an open artery at its base. See Prep. of stomach, 1801<sup>30</sup>.

18. Misc. Inspec. Book, p. 268.

1817<sup>75</sup>. Portion of the duodenum with stomach; the former perforated by post-mortem solution. The mucous, muscular, and peritoneal coats are all dissolved, and the contents of the intestine were extravasated into the peritoneum.

Case of William B., aged 4, admitted July, 1856, under Dr. Habershon's care, with symptoms of hydrocephalus. The child died comatose one week after admission. Tubercles were found in the pia mater, and lymph was effused. There was tubercular deposit also in the lungs, liver, spleen, kidneys, bronchial and mesenteric glands.

Record of Inspec., No. 141. 1856.

### ILEUM.

1818. Portion of the ileum, with a pouch about three inches in length.

1819. Portion of the ileum, with a diverticulum about an inch and a half in length.

1819<sup>10</sup>. Portion of the ileum, with a small diverticulum about an inch and a half in length, connected by an old and perhaps congenital adhesion; it was situated about two feet above the valve.

7. Green Inspec. Book, p. 78. Case of John B., aged 32.

1819<sup>12</sup>. Small globular diverticulum of the ileum attached to the mesentery, and bounded on either side by a valvular fold of the mucous membrane.

1819<sup>13</sup>. Diverticulum of the ileum.

1819<sup>14</sup>. Diverticulum of the ileum, with a valvular fold of mucous membrane at its orifice.

1819<sup>15</sup>. Diverticulum of the ileum, 54 inches from the cæcum.

1819<sup>17</sup>. Diverticulum of the ileum.

1819<sup>18</sup>. Diverticulum of the ileum.

1819<sup>19</sup>. Elongated diverticulum of the ileum.

1819<sup>20</sup>. Portion of the ileum with a small diverticulum projecting from it laterally, and bound down by adhesions to the mesentery; it was situated about nine inches from the valve.

Case of William C., aged 19; died from phthisis; there was slight ulceration in the small intestine.

10. Green Insp. Book, p. 17.

1819<sup>30</sup>. Portion of the ileum with a diverticulum about three inches in length, it appears to have been partially bound down by a prolongation of the mesentery; it was situated about a foot from the ileo-cæcal valve.

1819<sup>40</sup>. Diverticulum of the ileum of considerable length, and bulbous termination.

1819<sup>44</sup>. Small diverticulum from the ileum.

From Mr. Bryant's Collection. See Cat., No. 158, p. 111.

1819<sup>46</sup>. Portion of ileum with a diverticulum.

Case of Samuel E., aged 49. 11. Misc. Inspec. Book, p. 48.

1819<sup>50</sup>. Portion of dilated ileum with a large and much distended diverticulum; a strong round band, several inches in length, passed from the side of the diverticulum to the



mesentery; it produced imperfect strangulation of the lower portion of the ileum, and led to the distension of the intestine. The peritoneum was inflamed; the mesentery and omentum were contracted.

Case of John L., aged 40. 1. Misc. Insp. Book, p. 108.

- 1819<sup>60</sup>. Portion of the ileum, with a small diverticulum connected by a firm ligamentous bridle of peritoneum to the parietes in the median line a little below the umbilicus; it was situated about eight inches above the ileo-cæcal valve.

Case of Isaac L., aged 43. Two or three years before death severe abdominal affection, two weeks before death sudden pain, and afterwards symptoms of strangulation, came on. On examining the abdomen the mesentery was found contracted, and the constriction was found three inches above the cord of the diverticulum, and appeared to result from sudden bending or twisting of the intestine; the peritoneum was congested, but there was no effusion of lymph.

7. Green Insp. Book, p. 8.

- 1819<sup>62</sup>. Diverticulum from the ileum, adherent by its extremity to the vicinity of the umbilicus; there had been discharge of fæces; the umbilical cicatrix not quite healed.

From a fine healthy male infant. Eight days after birth there was a fungus protrusion at the umbilicus; this was destroyed by caustic; bronchitis supervened, and during coughing several inches of intestine protruded from the umbilicus; fæces escaped from the umbilicus, but were also discharged from the rectum; in fifteen months cicatrization was produced. The child died the following year from bronchitis; there was then a small granulation, about the size of a pea, at the umbilicus.

Presented by Mr. Gunthorpe of Wincanton.

See Guy's Reports, 1843, p. 471.

- 1819<sup>64</sup>. Portion of the ileum, with a diverticulum attached to the umbilicus. The funis came off on the eleventh day after birth, and a discharge of fæces is said to have followed.

The infant was admitted into Guy's under Mr. Key's care. A fistula existed at the umbilicus, and a probe could be passed in for two inches; escharotics were applied, and afterwards the edges of the opening were incised; the fistula was in this way closed, and the child left apparently well. The child afterwards died from internal obstruction; an adventitious cord compressed the ileum, just above its connection with the diverticulum.

Presented by Mr. Allwork, Maidstone.

See Guy's Reports, 1843, p. 471.

1819<sup>68</sup>. Diverticulum of the ileum attached to the parietes.

1819<sup>70</sup>. Portion of small intestine, jejunum, very much dilated with considerable hypertrophy of the muscular fibre; the mucous membrane marked with thick lines, which appear to be the summit of valvulæ conniventes.

The patient, Joseph A., aged 17, had received a blow on his abdomen two years before his death; he had no pain, but gradual enlargement of the abdomen with emaciation. On inspection, a tumor, about the size of a man's fist, partially ossified, was found at the commencement of the ileum, attached to the mesentery. The intestine at this part would only admit a quill; above, it was enormously distended and hypertrophied. See Prep. of mesentery 2459<sup>80</sup>, 2459<sup>75</sup>, and Drawing, No. 460.

Green Insp. Book, p. 152.

1819<sup>80</sup>. Portion of jejunum, presenting enlarged valvulæ conniventes; a tumor about the size of a bean consisted of two united valvulæ.

See Prep. St. Thomas' Mus., 1230<sup>a</sup>. Presented by Dr. Barker.

1819<sup>90</sup>. Several small vascular tumors attached to the jejunum; they were filled with dark blood, and situated beneath the mucous membrane of the part (nævi?).

1819<sup>91</sup>. Portion of the lower part of the small intestine with a poly-poid growth; it was found to consist of inverted mucous membrane, containing fat, and resembled an inverted appendix epiploica.

From a case of typhus fever. Alfred H., aged 29.

New Vol. Insp. iv., p. 382.

1820. Portion of ileum, showing imperfect valvulæ conniventes, represented by elongated processes from the intestine, arranged in lines as the ordinary valvulæ conniventes, and covered with villi, taken from the lower part of the ileum.

From Dennis D., aged 44, who died from pyæmia five weeks after comminuted fracture of the thigh.

See Record of Inspection, 1854, No. 233.

1821. Portion of ileum, with hypertrophy of solitary and Peyer's glands; there was diffused vascularity of the mucous membrane.

From a patient who died from small-pox, and had hæmorrhage from the bowels.

- 1821<sup>5</sup>. Large solitary glands, from the duodenum of a child aged nine, who died from tetanus after a burn; the solitary glands were enlarged throughout the ileum.

Case of Elizabeth H. Report of Insp., 1855, No. 66.

- 1821<sup>40</sup>. Termination of the ileum and a portion of the cæcum: there is a remarkable condition of Peyer's glands; these were enormously enlarged, and presented irregular eminences projecting from them; the solitary glands also enlarged; both Peyer's and solitary glands were filled with nuclei.

From Edward D., aged 23, who died, 1853, from Asiatic cholera.

See New Vol. Insp., vol. iv., p. 192. Drawing 310<sup>6</sup>.

- 1821<sup>75</sup>. Portion of the duodenum; jejunum and ileum showing enlargement of the solitary and Peyer's glands.

From a patient who died from cholera, 1849.

- 1821<sup>80</sup>. Mucous membrane of part of duodenum, showing enlarged Bruner's glands; it has been removed from the muscular coat, and is seen from the attached surface.

- 1821<sup>81</sup>. Duodenum with hypertrophied glands.

From a girl aged 18, who, eighteen months before death, was seized with jaundice; she became weaker and of a deeper color, and gradually sank; the cause of the jaundice was not detected on examination; the liver was dark and turgid.

7. Misc. Insp. Book, p. 48.

- 1821<sup>82</sup>. Portion of small intestine with enlarged solitary glands.

- 1821<sup>83</sup>. Another specimen from the same subject, but injected.

- 1821<sup>85</sup>. Portion of small intestine, showing long mammillated follicles; hypertrophied solitary glands; it is probably a portion of ileum.

- 1821<sup>86</sup>. Termination of the ileum, from the same case as the preceding, 1821<sup>85</sup>, studded with hypertrophic glands, which are much elongated.



From John M., aged 18. He had irritable bladder, tumid abdomen, and the general characters of struma; he was supposed to have chronic inflammation of the bladder. On inspection peritonitis was found, especially affecting the pelvic viscera; the solitary glands in both small and large intestine were hypertrophied; the liver large and pale; the left kidney and ureter rudimentary; the pelvis of the right kidney was distended with pus and mucus; the ureter thickened; the bladder thickened, injected, and lined here and there with fibrin.

5. Misc. Inspec. Book, p. 82.

See 2022<sup>28</sup>, rudimentary kidney. 2366<sup>50</sup>, the bladder and prostate.

- 1821<sup>87</sup>. Portion of small intestine, with a thickened patch of aggregate glands of unusual length; the solitary glands also enlarged.

From a child, aged 6, who had had diabetes for several months; a short time before death vomiting and pain in the abdomen came on; there was intussusception of a portion of the jejunum.

6. Green Inspec. Book, p. 138.

- 1821<sup>88</sup>. Termination of the ileum, studded with hypertrophied solitary and Peyer's glands.

- 1821<sup>89</sup>. Portion of the ileum, in which the Peyer's glands, and some solitary, are considerably enlarged.

1822. Portion of strangulated hernia; it is intensely congested, and the mucous membrane also appears inflamed.

The patient had been operated upon by Mr. Cooper, and died of internal hæmorrhage. Preparation of the hernia, see 2477.

- 1822<sup>50</sup>. Portion of small intestine turgid from congestion, a considerable quantity of imperfect lymph covers the mucous surface; the mesenteric veins distended with coagula, (hernia?)

- 1822<sup>60</sup>. Portion of small intestine, acutely inflamed, and covered with false membrane on its mucous surface.

- 1824<sup>64</sup>. Portion of jejunum, of which a knuckle, consisting of the greater part of its circumference, has been strangulated and perforated.

From Jane G., aged 47, admitted under Mr. Morgan's care with femoral hernia; it was returned the same day by firm taxis; the patient

died on the third day. There was extravasation of fæces into the abdomen, and general fibrinous effusion and congestion of the peritoneum; there was great congestion of the portion of intestine which had been strangulated, and a small perforation in its centre; the intestine was distended at that part in the form of a pouch; there was a small femoral hernia on the other side.

6. Misc. Inspec. Book, p. 83.

1825. Portion of jejunum which had been strangulated; it was of a dark color, its appearance livid, but not at all gangrenous.

Case of E. N. She had been operated upon by Mr. Morgan; erysipelas came on several days before death; no peritonitis or strangulation was found on inspection; intestine deeply congested; the kidneys considerably diseased.

3. Green Insp. Book, p. 92.

1826. Portion of the ileum which had been much congested. From an old man who had been affected with symptoms resembling those of strangulated hernia, but caused by stricture of the colon; an enlarged mesenteric gland is attached, it is calcareous, and has a dense laminated covering.

From a corpulent intemperate man who had suffered from constipation for three or four days, but had had hernia for twenty years. On inspection, great distension of the intestine was found above the strictured colon. See Preps. of cæcum, 1855; and of colon, 1853.

4. Green Insp. Book, p. 24.

- 1826<sup>20</sup>. Portion of small intestine, of which a small knuckle, consisting of about half the diameter of the bowel, has been strangulated and ruptured.

Case of Margaret T., aged 72, who had been greatly reduced in circumstances. After a long walk, experienced pain in the abdomen; she remained seven days with nearly complete constipation, and was admitted in a state of collapse with hernial tumor in the groin; taxis was employed with uncertain success, she sank in a few hours after admission; there was emphysema and discoloration over the hernial sac, which was gangrenous; there was extreme injection of the peritoneum, effusion of pus and fibrin; two feet from the colon a portion was found which had been strangulated, and a portion of the intestine was situated at the mouth of the sac, and had in it the rent described.

5. Misc. Inspec. Book, p. 56.

- 1826<sup>40</sup>. Portion of small intestine from near the middle of the ileum,

a small knuckle of which had been strangulated in a sac of femoral hernia; it was of a dark color, and all the coats appeared to have been inflamed.

Case of Elizabeth C., a patient of Mr. Morgan's, who was admitted with hernia which had been strangulated for some time, and was thought to be gangrenous; the sac and intestine were opened; she died on the fourth day. On inspection there was emphysema of the lungs; the abdomen appeared filled by several coils of small intestine; the peritoneum was deeply congested, and there was general effusion of fibrin; the sac was on the left side, and contained a portion of adherent omentum and non-adherent intestine; the intestine above the stricture was much congested. See Prep. of thickened capsule of spleen, 2013<sup>75</sup>.

9. Green Inspec. Book, p. 1.

1826<sup>45</sup>. Portion of small intestine which had been protruded in femoral hernia; it had been strangulated, but was reduced; though perforated, there did not appear to have been any opening through which fecal matter could have escaped till the intestine was removed from the body, the lips of the wound having been inverted, and feebly glued together.

Case of Margaret L., admitted with femoral hernia which had been down five days; it was returned, but collapse came on, and it was suspected that the intestine had become gangrenous; she rallied slightly, but only for a short time; great restlessness and anxiety came on, but no distension or tenderness of the abdomen; and she died nine days after the hernia had been returned. On inspection of the abdomen minute injection of the peritoneum was found, but no effusion into its cavity; there was femoral hernia on both sides; on the right a portion of omentum was found firmly adherent to the mouth of the sac; the sacs were empty; in the pelvis a portion of small intestine was found, but no extravasation had taken place. See Prep. of hernial sac, 2503<sup>35</sup>.

6. Green Inspec. Book, p. 54.

1826<sup>50</sup>. Portion of ileum, thickened and considerably dilated from old strangulation, and perforated by a recent one.

Case of William L., aged 40, admitted with oblique inguinal hernia, which had been down for two days; it was strangulated, and was returned after operation. A few months before, he had been operated upon for inguinal hernia on the same side; he died the day of the operation; there was general inflammation of the peritoneum; a portion of the ileum was adherent to the sac and ruptured above the stricture; the ileum was distended and hypertrophied.

19. Misc. Inspec. Book, p. 341.



1826<sup>60</sup>. Portion of the ileum from near its termination, about three inches of which was strangulated in a femoral hernial sac; the intestine was gangrenous, and flakes of lymph were deposited on the peritoneal surface.

Case of Elizabeth W., aged 66. The hernia had existed for some time; the sac was opened by Mr. Callaway and the intestine found to be gangrenous, the sac also contained a portion of gangrenous omentum; fæces passed freely from the wound. The patient only survived two days; there was general peritonitis, but no extravasation of fæces into the general cavity of the peritoneum.

2. Misc. Inspec. Book, p. 18.

1826<sup>70</sup>. A small portion of ileum which had been strangulated and ruptured.

Case of John M., aged 70. No operation was performed, the patient having refused surgical interference; extravasation of fæces took place into the cellular tissue of the hypogastric region.

18. Misc. Inspec. Book, p. 262.

1826<sup>80</sup>. Portion of small intestine, in which a partial inflammation has led to sloughing of all the coats.

From a private patient of Dr. Bright's. See Prep. of cæcum, 1868<sup>60</sup>.

1828. Two portions of small intestine, inflamed and ulcerated, from dysentery. The mucous membrane was of a diffused red color, is much thickened, and has a layer of lymph effused on the surface; the ulceration was very slight.

Old Museum Book, No. 108.

1828<sup>50</sup>. Portion of small intestine. The mucous membrane was inflamed, and is covered with a superficial layer of lymph, except on the patches of aggregate glands.

Case of John S. There was slight œdema of the lower extremities, and he was believed to have peritonitis; on inspection there was effusion of pus on the surface of the liver and in the pelvis; the kidneys were flabby, and there was emphysema of the lungs.

2. Misc. Inspec. Book, p. 92.

1828<sup>75</sup>. Ulceration of the intestine in phthisis, four portions of intestine are attached the one to the other; the uppermost is the first portion of the duodenum, and presents several small ulcers with irregular edges; the second is from the

jejunum, the third from the ileum, and the fourth shows a portion of the cæcum with extensive irregular ulceration.

Case of Stephen W., aged 26. There were numerous vomicae in the lungs, with old pneumonic consolidation.

12. Misc. Inspec. Book, p. 97.

1829. Stomach with a portion of the duodenum. Two small ulcers are found at the commencement of the duodenum, and have passed through the mucous and muscular coats.

Old Museum Book, No. 247.

- 1829<sup>25</sup>. Portion of the duodenum with the pylorus, from a child who died twenty-five days after a severe burn. A short distance from the pylorus is a small round cicatrizing ulcer, reaching to the peritoneal surface; films of lymph are seen on the external surface.

The child died comatose. The upper part of the chest, neck, and occiput were suppurating; the dura mater was congested; the sinuses of the brain were filled with coagula; that of the torcular herophili contained pus about the clot; the coagulum was composed of laminated tissue; the brain soft and congested; the chest healthy.

New Vol. Insp. 1, p. 196.

- 1829<sup>75</sup>. Two portions of small intestine, taken from the body of a young man who died four hours after having fallen down a ship's hold. In tracing the small intestines upwards ulcers were seen in various stages. The two portions of mucous membrane present several stellate cicatrices, having under the microscope the ordinary appearance of cicatrices of the skin.

- 1829<sup>76</sup>. Termination of the ileum and portion of the cæcum, showing in the former several cicatrices.

Case of Henry J., aged 22. Admitted January, 1856, with general anasarca, scanty albuminous urine; peritonitis came on a short time before death; there were large white kidneys.

Record of Insp., 18. 1856.

1830. First part of the duodenum with a large ulcer close to the pylorus; the edges of the mucous membrane are inverted.

- 1830<sup>50</sup>. Extensive ulceration of the duodenum with loss of all the

tunics, and the great ducts open on the denuded surface; the pancreas forms the base of the ulcer.

Case of Samuel R., aged 44, a patient of Dr. Hughes'; he had had the symptoms of phthisis for nearly a year, but on examination there was found to be effusion into the pleura, and empyema was diagnosed. He gradually became more emaciated, and before death suffered from vomiting, palpitation of the heart, and pain in the abdomen; he passed a little blood per anum. On inspection the right pleura was found filled with pus, the lung about the size of a spleen; in the abdomen, there was some sero-purulent fluid in the peritoneum; stomach softened and bearing marks of ulceration: the pylorus was thickened; head of the pancreas about as large as a man's fist, and the ulceration of the duodenum extending into it; below is a second smaller ulcer.

16. Misc. Insp. Book, p. 106.

- 1830<sup>75</sup>. Pylorus and portion of the duodenum, with an ulcerated opening immediately below the pylorus; the opening on the mucous surface is larger than that through the peritoneum.

From a middle-aged man long affected with dyspepsia and pain in the epigastrium; he died in twelve hours after the accession of the severe symptoms occasioned by the rupture and extravasation. From a patient of Mr. Key's.

- 1830<sup>80</sup>. Portion of the duodenum showing superficial ulceration.

The patient, Elizabeth G., aged 30, died from sloughing of the sacrum with pericarditis and albuminaria. There was old pneumonic consolidation at the apices of the lungs, and strumous deposit; there were pericardial adhesions, and deposit on both the aortic and the mitral valves. Liver coarse and fatty; kidneys degenerated; the bladder was much thickened and contracted. There had been inflammation of the peritoneum in the pelvis, rendering the ovaries and uterus adherent, and there were several small ulcers in the vagina. There was superficial ulceration of both the stomach and the duodenum; the rugæ congested; the intestines were healthy. She was a married woman and had had one child, still-born. Eleven weeks before death a small tumor had been removed from the os uteri.

New Vol. Inspections, p. 255.

- 1830<sup>85</sup>. Ulceration of the duodenum, with perforation into the peritoneal cavity. It took place in a man of intemperate habits, but otherwise healthy. The ulceration of the mucous membrane is larger than the opening into the peritoneum. The sac of the peritoneum contained some



castor oil, which had been administered after the severe pain came on. The mucous membrane of the remaining portion of the duodenum was exceedingly thin.

- 1831<sup>16</sup>. Portion of small intestine, with numerous and deep ulcers of the mucous membrane. The surface of these ulcers is irregular, and they appear of a chronic character.

From Julia F., aged 11, a strumous child, whose father died of phthisis. The child had had hooping-cough, followed by strumous peritonitis. In the lungs were several vomicae, miliary tubercles, and strumous deposit. In the abdomen there was chronic peritonitis, numerous miliary tubercles, and peritoneal adhesions. The small intestines were injected and deeply ulcerated, and there was enlargement of the mesenteric glands.

See Prep. of the lung, 1743<sup>20</sup>. 9. Green Inspec. Book, p. 81.

Presented by Drs. Hodgkin and Stroud.

- 1831<sup>32</sup>. Portion of small intestine from a child, with numerous irregular ulcers of various sizes, the result of strumous disease.

- 1831<sup>48</sup>. Portion of small intestine, with a small but deep ulcer, around which there is much thickening, with puckering of all the coats. From the same child as Prep. 1831<sup>32</sup>.

- 1831<sup>64</sup>. Portion of small intestine, with old ulceration of the mucous membrane, occupying for a short distance the entire circumference. It is accompanied with considerable contraction, and thickening of the other coats. The appearance here shown very much resembles what is commonly described as cancerous disease of the large intestine.

- 1831<sup>80</sup>. Portion of small intestine, in which there has been chronic inflammation of the mucous coat, which in some spots appears to have lost its vitality before death of the patient. In other parts, it is separating in the form of a slough, along with the subjacent structure, laying bare the peritoneal coat, which was inflamed.

Case of M. B., aged 40, a married woman, who had suffered for several years from dysmenorrhœa. The bowels often constipated; there was pain in the arms and in the thigh; vertigo, pallor of the countenance, pain in the abdomen; the stomach became exceedingly irritable,

and she died emaciated. The lungs and heart were healthy, the kidneys granular and contracted, the peritoneum was acutely inflamed, and, on separating the coils of intestine, dirty fluid oozed from several perforated portions of the ileum. The mucous membrane was much congested, part sloughing, and in other parts perforated; extravasation was limited by adhesions.

See Prep. of puckered ovary 2225<sup>76</sup>, and Drawing of the intestine, No. 306.

9. Green Inspec. Book, p. 107.

1832. Portion of small intestine, perforated by ulceration.

From a child, Richard E., who died from hydrocephalus. Till six weeks before its death apparently plump and healthy; at the commencement of the disease there was a sense of falling; the bowels were irregular, generally relaxed, but blood was discharged. In the brain there was serous effusion into the ventricles, and on the surface; the chest was healthy; the peritoneum acutely inflamed; no tubercle could be found. There was extensive ulceration of the ileum, and the gall-bladder was distended with mucus, from obstruction of its duct. See Prep. 1965.

2. Green Inspec. Book, p. 13.

1832<sup>25</sup>. Portion of small intestine, perforated by ulceration. A portion of the upper part of the ileum, with part of the omentum, was found adherent to the bladder; at this part was an annular stricture, and a cicatrix, the result of old inflammatory disease. Above the stricture was an opening with ragged edges passing through the walls of the intestine. There had been faecal extravasation, and general peritonitis.

Case of E. H., aged 44, a patient of Dr. Addison's, admitted with paralysis of both hands and feet, with rigid joints; there was no improvement for three months. Whilst turning in bed, intense pain in the abdomen came on, followed by collapse. She died on the fifth day.

7. Misc. Inspec. Book, p. 136.

1832<sup>50</sup>. Portion of small intestine, perforated by ulceration from the peritoneal surface. It had been long and firmly adherent to the bladder. From the same case as the preceding, 1832<sup>25</sup>.

7. Misc. Inspec. Book, p. 136.

1832<sup>75</sup>. Portion of small intestine, perforated by ulceration, which is traversed by several valvulae conniventes, some of which are nearly divided.

The patient, T. T., aged 24, had faecal abscess from diseased appendix caeci. He had been a rope-maker, and appeared in tolerable health till present illness, but had suffered much from extreme poverty; one month before admission he had diarrhoea, which recurred several times, and was accompanied by severe pain; one week before admission, he walked fourteen miles, and slept in a stable; four days afterwards he was seized with vomiting, and for two days had a tender abdomen, with constipation. On admission, there was tenderness in the abdomen, frequent vomiting, and thirst; the pain subsided in three days, and the bowels acted freely. He became more and more prostrate, the abdomen very tender, and before death had slight delirium. There was general injection of the peritoneum, which was covered with fibrin, and bathed with bilious faeces; the small intestines distended; in the ileum was an oval patch of ulceration, and the intestine was perforated in two places; the ulcers were more numerous at the lower part of the ileum. In the right iliac fossa was a circumscribed faecal abscess which contained the appendix caeci, nearly divided by an ulcer at its centre. The whole appendix was thick and granular. See Prep. 1879<sup>40</sup>.

7. Misc. Inspec. Book, 87.

1834. Portion of small intestine, having several perforations from ulceration, apparently strumous.

Patient of Dr. Marcet's.

1836. Portion of small intestine, perforated by ulceration.

- 1836<sup>21</sup>. Convolutions of small intestine, in which two contiguous portions are united by peritoneal adhesion. There is perforation of the intestine at this spot, arising from ulceration following tubercular deposit. The opening was closed during life by peritoneal adhesions.

Case of Miss P., aged 18. She appeared in good health till three months before her death, with the exception of pain occasionally after exertion; symptoms of phthisis came on, and some time before death she had considerable pain in the neighbourhood of the rectum, and there was discharge of pus. Miliary tubercles were found beneath the pleura, and there were large cavities at both apices; in the abdomen were old adhesions, miliary tubercles; and at the side of the rectum was an abscess, which had extended towards the ischiatic notch, and which opened into the rectum. The mesenteric glands were enlarged; the small intestine ulcerated; the liver pale and fatty; the fallopian tubes distended with strumous matter.

8. Green Inspec. Book, p. 55.

- 1836<sup>28</sup>. Last portion of the ileum, and commencement of the cæcum, with a large perforation and one or two ulcerated spots a little above the valve.

From a fever patient of Dr. Bright's.

- 1836<sup>44</sup>. Portion of small intestine, apparently perforated by ulceration, and in a sloughing state. There is a large mass of fungoid tubercle in the adjoining mesentery.

See Prep. 1916<sup>80</sup> of the liver. Presented by Mr. Morgan.

1837. Portion of small intestine, with considerable enlargement and elevation of Peyer's glands.

From a young woman, who died four days after she had been attacked with symptoms of fever. The preparation has been injected, dried, and immersed in turpentine.

1838. Portion of ileum, in which the Peyer's and solitary glands are much enlarged by deposit, and inflamed.

Described by Dr. Hodgkin as of scrofulous character. The preparation is injected. From the same case as 1837 and 1839.

1839. Termination of the small and commencement of the large intestine, with considerable enlargement of the glands, and inflammation of the mucous membrane. There is effusion of lymph on the surface.

From the same patient as 1837 and 1838.

1840. Portion of the ileum, injected, and showing enlargement of both solitary and Peyer's glands, with commencing ulceration.

1841. Portion of the ileum, in which the solitary and Peyer's glands are much enlarged by deposit in them, stated to be of strumous character. There is commencing ulceration in some of the glands.

- 1843<sup>48</sup>. Termination of the ileum, with the cæcum and appendix. There is considerable elevation and ulceration of Peyer's glands, probably from fever.



- 1843<sup>64</sup>. Termination of the ileum, greatly dilated from colloid cancer, affecting the ileo-cæcal valve; above the stricture there is extensive ulceration and perforation.

From a patient of Dr. Addison's. See Drawing 322.

1844. Termination of the ileum. Peyer's glands are much enlarged and slightly ulcerated.

From a patient who died in the early stage of fever.

- 1844<sup>5</sup>. Termination of the ileum, and commencement of the cæcum, from a case of typhoid fever. Peyer's glands are much enlarged by infiltration of typhous product, and there is in several commencing ulceration and sloughing.

From Alfred M., aged 18, admitted, under Dr. Hughes' care, July 13, 1854. It was stated that he had had symptoms of fever for four days; some rose-colored spots appeared on the abdomen. On the 14th he became violent, more prostrate, and died on the 20th, the eleventh day of fever. The brain and lungs were much congested; otherwise healthy.

Record of Inspection, 161. 1854.

- 1844<sup>10</sup>. Termination of the ileum, and commencement of the cæcum, from a case of typhoid fever. The solitary glands are considerably enlarged, resembling peas. Peyer's glands raised, and presenting an irregular brown surface, resembling a slough; the two last feet of the ileum were only affected; the mesenteric glands are shown to be much enlarged.

From James L., aged 27, admitted December, 1854. He had been intemperate, and had been living in a lodging-house in Bermondsey; two days before admission, his friends stated that he had been out, but complained of his head. He died a few hours after being brought to Guy's. The brain and lungs were much congested.

Record of Inspection, 253. 1854.

- 1844<sup>15</sup>. Termination of the ileum, and a small portion of the cæcum, showing cicatrices nineteen weeks after typhoid fever.

Case of Charles S., aged 38, admitted under Dr. Gull's care, Nov. 21, 1855, and died April 2, 1856. He was admitted for pain in the foot, and shortly after began to suffer from typhoid fever; he convalesced

favourably. On April 1st he was found covered with typhus rash, and died in a few hours. Great congestion of brain, &c., were found.

Record of Inspection, No. 73. 1856.

1844<sup>25</sup>. Portion of small intestine, with solitary and Peyer's glands considerably enlarged, presenting numerous ulcerated spots, the result of strumous disease.

1844<sup>50</sup>. Strumous disease of mesenteric glands, of peritoneum and small intestine; they are firmly united by old adhesions. In the mucous membrane are several ulcerated openings. A sharp turn in a convolution fixed by adhesion had acted as a stricture; above this the canal was dilated, below contracted. At the lower part of the specimen, the uterus is shown affected with similar disease.

Case of Mary P., aged 14, admitted with constant vomiting. No symptoms of abdominal disease till two months before admission. Miliary tubercles were found in the lungs, and strumous disease of the bronchial glands. The liver fatty; the colon contracted. See Prep. 2453<sup>25</sup>, showing peritoneal surface of spleen.

11. Green Inspec. Book, p. 177.

1844<sup>75</sup>. Portion of the ileum, with deep ulceration connected with Peyer's glands, from a case of phthisis with emphysema; a diverticulum is situated at the ulcerated part.

See Prep. of the lungs, 1738<sup>32</sup>; and of emphysematous skin, 1652<sup>20</sup>.

1844<sup>80</sup>. Portion of the jejunum from a case of phthisis, showing ulceration of the mucous membrane; there was ulceration, extending in scattered patches from the duodenum to the rectum.

Case of Louisa D., aged 40. The larynx, bronchi, and Fallopian tubes were also affected; the diarrhoea very severe.

Record of Inspection, 1855, No. 126.

1845. Portion of small intestine, with a large circular ulcerated spot, having ragged elevated edges (carcinomatous?)

1845<sup>25</sup>. The end of the ileum presenting strumous ulcers of the

mucous membrane; there are tubercles on the serous membrane, and in the glands.

Case of Robert H., aged 31. Admitted with anasarca and symptoms of phthisis of three months' duration. On inspection, the lung presented a large irregular cavity surrounded by consolidated lung and tubercle; the kidneys were coarse. See Prep. 1554<sup>54</sup> of strumous gland.

18. Misc. Inspec. Book, p. 177.

- 1845<sup>50</sup>. Portion of small and large intestine, with remarkable circular flattened growths connected with the mucous membrane; the surfaces are slightly ulcerated, and the edges elevated; the mesenteric glands are much enlarged, and were infiltrated with carcinomatous product.

From Mary G., aged 23, a patient of Dr. Bright's. She was much emaciated at the time of her admission into the hospital; the most marked symptoms were an irritable condition of the bowels, and the passage of fatty matters with the stools; a carcinomatous tumor was found at the upper part of the right lung, another at the bifurcation of the trachea; in the small intestines numerous tubercles were observed, some about the size of peas, others with flattened surfaces; some much larger, as shown in the preparation, with depressed centres; those in the colon were still larger; the pancreas was implicated in a mass of glands affected with cancerous disease, and its duct almost obliterated.

See Prep. of pancreas, 1989<sup>50</sup>. 10. Green Inspec. Book, p. 163.

1846. Portions of intestine glued together by adventitious membrane, loaded with tuberculous matter—strumous peritonitis. The preparation is put up to show that the mucous membrane could be very easily detached from the muscular coat.

Case of Elizabeth S. See Preps. of peritoneum, 2450 and 2450<sup>35</sup>.

Red Inspection Book, p. 222.

- 1846<sup>25</sup>. Stricture of ileum, from the contraction of cicatrix in phthisical patient.

Case of a woman admitted under Dr. Barlow's care into Charity ward, in November, 1851. She was admitted for constipation; among the noticeable symptoms were scanty urine, moderate distension of the abdomen, and sickness, &c.; relieved by treatment with opium, &c. Diarrhoea subsequently came on, and she died from phthisis; the mucous membrane is considerably thickened at the position of the cicatrix, the healing, however, is not complete; above, the intestine is much dilated and presents several ulcers; below the stricture the intestine is contracted.

1846<sup>50</sup>. Preparation to show the very ready separation of the mucous membrane from the muscular coat, in a case of strumous peritonitis; the convolutions of the small intestine are drawn together by contraction of the mesentery; the peritoneum contained flakes of lymph and serum; there were numerous old adhesions, especially among the small intestines, and numerous tubercles of various sizes; there was ulceration of the mucous membrane and perforation, but no extravasation; the lungs were engorged, and contained miliary tubercles; the Fallopian tubes were distended with strumous deposit. See Prep. of Fallopian tubes, 2251<sup>30</sup>.

Case of Ruth S., aged 25, a housemaid. A year before admission had a fall, and suffered from great pain and distension of the abdomen.

11. Green Inspec. Book, p. 92.

1847. Intussusception of several inches of small intestine.

1848. Intussusception in several places. Intestine of a child.

1848<sup>50</sup>. A portion of intestine, from a child seven or eight years of age, affected with intussusception; the contained mass is turgid, and coated with some adventitious matter; the child suffered about four days, and voided much blood.

Presented by Mr. Muriel.

1849. Portion of small intestine, showing an intussusception of several inches, from an adult.

1849<sup>16</sup>. Portion of large and small intestine, showing intussusception and strangulation.

See Guy's Hospital Reports, October, 1838.

Presented by Mr. John Gorham.

1849<sup>20</sup>. Portion of intestine, showing intussusception of ileum into the cæcum.

Patient of Dr. Gull's.

1849<sup>32</sup>. Convolution of small intestine, in which extreme intussusception has taken place; the received portion appears considerably thickened, with a deposit of lymph on both its surfaces; the glands in the receiving portion are enlarged.

Case of Dr. B. Suffered for a few days from influenza; four days



preceding his death he was engaged in practice, &c., from 9 a.m. till 11 at night; the affection of the chest increased, an emetic was administered but did not act, castor oil was then administered but did not produce an effect; the stomach afterwards became exceedingly irritable.

Presented by Dr. B. G. Babington. 7. Misc. Inspec. Book, p. 37.

- 1849<sup>64</sup>. Intussusception of the ileum into the colon; the received portion much inflamed and covered with lymph. From a child.

Presented by Mr. G. Bottomley.

1850. Intussusception of small intestine in three places. From a child.

Presented by Mr. R. Stocker.

- 1850<sup>50</sup>. Portion of small intestine showing intussusception.

1851. Intussusception of small intestine, with a portion of coagulable lymph which has taken the impression of the intestine. From a child.

Presented by Sir A. Cooper.

- 1851<sup>17</sup>. Fold of small intestine voided per anum a few days before death; tubular and massive, about three inches in length.

From a patient of Dr. Addison's and Mr. Parke's.

- 1851<sup>14</sup>. Portion of intestine, probably ileum which was thrown off in a gangrenous condition after symptoms of intussusception. The patient recovered.

- 1851<sup>28</sup>. Section of dried portion of small intestine, in which intussusception had taken place.

- 1851<sup>42</sup>. Portion of ileum with intussusception in several places, in one of which the lower part is received into the upper; it probably occurred in articulo mortis, and was taken from a diabetic patient who had exhibited no symptoms of intussusception.

- 1851<sup>56</sup>. A portion of small intestine, from a child, showing intussusception in both directions.

- 1851<sup>70</sup>. Portion of small intestine, the greater part of which was

much discolored, and almost in a state of sphacelus; the mesentery corresponding to it was in a similar condition, and the affected part was bounded by a well defined line. It appeared to be the effect of hernia reduced before death or restored invagination; there is a small circular perforation of the intestine.

Case of William S., aged 60. Ten days before death, sudden violent pain came on after exertion, and symptoms of strangulated hernia; there was no hernial tumor detected or discharge of blood; the bowels acted after bleeding and taking croton oil; the vomiting continued; action of the bowels was afterwards obtained, and the vomiting partially subsided, but great restlessness came on and the patient died. In the abdomen there was omental hernia on the right side, but no intestine was in the sac; the peritoneum was inflamed near the termination of the ileum, in the left iliac fossa; and the intestine at that part, when removed, presented a small perforation. Drawing 316. The heart was dilated. See Prep. 1403<sup>48</sup>.

9. Green Insp. Book, p. 127.

- 1851<sup>84</sup>. Portion, about ten inches, of the small intestine completely divided in two places; there are abundant shreds of lymph on the surface.

Case of John A., aged 46, he had been the subject of hernia, and was brought to the hospital after having been run over by a chaise. The hernia was reduced; he walked to his bed in the ward; hiccup came on, vomiting, pain in the left hypochondrium, and death in twenty-four hours; a short time before death he passed a small quantity of bloody urine. On inspection general peritonitis was found; the intestine was covered with blood; there were nearly three quarts of bloody serum in the sac; two feet from the cæcum the intestine and mesentery were divided, as shown in the preparation; about three and a half from the more extensive one was a second division through two-thirds of the intestine.

2. Misc. Inspec. Book, p. 20.

- 1851<sup>85</sup>. Portion of small intestine perforated, from a man who had received a kick from a horse; he died thirteen days after the accident, with extensive peritoneal inflammation and a small effusion of fæcal matter.

- 1851<sup>86</sup>. Portion of the jejunum, taken from a man who had been kicked in the abdomen; the injury was quickly followed by symptoms of extravasation terminating fatally in forty-

eight hours; the mucous membrane is everted towards the peritoneal surface, and the adjacent parts of intestine are covered with lymph.

Patient of Dr. Gull's.

- 1851<sup>87</sup>. Portion of ileum having a small perforation, produced by a blow in running against a post; a state of collapse came on, the patient did not rally but died on the third day.

Mr. Bryant's Mus. Cat., No. 7, p. 6.

- 1851<sup>88</sup>. Portion of small intestine, in which perforation has taken place in consequence of a kick from a horse.

Case of John C., a man of intemperate habits, the subject of inguinal hernia; while the hernia was down he received a kick from a horse, the injury was quickly followed by collapse, and he died in twenty hours. The peritoneal cavity was found to contain fæces, with oil and albuminous flocculi; on the right side was a hernial sac; a portion of ileum, about seven inches from the cæcum, presented a small perforation.

6. Green Inspec. Book, p. 18.

- 1851<sup>89</sup>. Portion of small intestine, jejunum, presenting two openings in which the mucous membrane is inverted.

Case of Charles F., aged 30, admitted September 3, 1852; he was injured by an explosion at Lambeth, in which a brick struck the abdomen.

- 1851<sup>90</sup>. Portion of ileum, several feet from the cæcum, having a small perforation produced by a blow.

Case of Thomas T., aged 10, admitted September 4, 1856. The same day he had fallen on the curb stone, and a boy fell upon him; severe pain in the abdomen came on at once; he died fifteen days after the accident. There was general peritonitis, and a fæcal abscess extending from near the cæcum to the liver.

Record of Inspection, No. 182, 1856.

## LARGE INTESTINE.

1852. Portion of the sigmoid flexure or commencement of the rectum, showing an annular constriction of small extent with very little thickening; beneath the constriction there appears to be an old cicatrix.

1853. Portion of the colon showing stricture with ulceration, apparently of a carcinomatous character; it produced obstinate constipation and symptoms resembling strangulated hernia.

Case of H. J., aged 64, a corpulent man, much addicted to spirit-drinking. On admission the bowels had been constipated for four days; for twenty years he had been subject to hernia, but it had never become strangulated; two years before it had been returned without any unpleasant symptom. On admission the abdomen was greatly distended, but no proof of hernia existed; he had once previously suffered from constipation which had been relieved by fomentations; injections, &c., were used without any relief, vomiting of coffee ground substance came on, hiccup, and death on the fourth day after admission. The cæcum and colon were found to be enormously distended; in the middle of the ascending colon was some contraction, but three or four inches from the rectum was complete and firm constriction; there was considerable peritoneal effusion; some partial and old adhesions had led to the partial obstruction of the ascending colon; the mouth of the hernial sac was closed; there was intense congestion of the cæcum and submucous purulent infiltration; at the constriction all the coats were diseased; the stricture would only admit a goose quill; the mucous membrane terminated in a red and vascular edge; mesenteric glands not generally affected, one of them contained a calcareous mass. See Preps. 1826 and 1855, showing injection of the small intestine and cæcum.

4. Green Inspec. Book, p. 24.

1854. Stricture of the colon about two inches from the rectum, of a cancerous character; the colon above the stricture is enormously distended.

Case of Donald H. He had long been subject to constipation; violent purgatives were given, but without effect; for three weeks had no evacuation.

See Cast 253. 3. Green Inspec. Book, p. 10.

- 1854<sup>24</sup>. Portion of colon contracted at sigmoid flexure by cancerous disease. There is considerable thickening of the submucous cellular tissue, and ulceration, the muscular layer being exposed. The muscular and peritoneal coats are drawn inwards; the intestine at the seat of stricture would scarcely admit a probe. The surface of the diseased part had a villous structure.

Case of Mrs. G., aged 55. For fourteen years, after a difficult parturition, she had suffered occasional pain; for several years attacks of



constipation, and at last no evacuation for ten days; powerful purgatives were administered, without relief; other viscera were healthy.

1. Note Book, p. 158.

Presented by Mr. Key and Mr. A. Tweedie.

1854<sup>30</sup>. Stricture of sigmoid flexure of the colon, from cancerous disease.

Case of Margaret S., a patient of Dr. Barlow's, aged 36. She was a charwoman, of temperate habits, had been subject to attacks of constipation for two months, and for thirteen days had had no evacuation. Abdomen was tympanitic and enlarged, and there was tenderness across the umbilicus; tongue dry and brown, and there was occasional vomiting; a small quantity of high-colored urine was passed; injections were used, and magnesia administered. She became collapsed, and died six days after admission. The day before death, passed a considerable quantity of urine; there was universal peritonitis; intestines adherent; commencement of rectum was strictured, water would slowly pass. The peritoneum was corrugated, opposite to the stricture; the muscular tunic slightly thickened; the diseased mucous membrane formed fungous looking masses, which had acted as a valve.

New Vol. of Inspec. I., p. 225.

1854<sup>32</sup>. Portion of sigmoid flexure of the colon obstructed by cancerous disease.

This was from a case of Mr. Hilton's, in which, after lengthened intestinal obstruction, life had been prolonged for many months by the formation of artificial anus in the loins. The mucous membrane was irregular and raised at the seat of constriction, and there was some ulceration. The layer immediately beneath the mucous membrane was fibrous in its character; deeper still, the diseased structure was composed of fibrous tissue, fat, and nucleated cells. The disease appeared to be scirrhus.

See Drawing 322<sup>55</sup>, diagram of parts.

1854<sup>34</sup>. Portion of sigmoid flexure of the colon, showing cancerous obstruction.

Case of Ralph G., aged 44, patient of Dr. Habershon's in Job Ward. He was a policeman. During the last year of his life he had occasional attacks of constipation of about three days' continuance. On admission, July 3, it was found that he had not had a solid motion since June 20, thirteen days. Pain came on, June 23, but he had no vomiting till after admission, and then very slightly; abdomen was very distended; the symptoms not urgent; there was slight tenderness at the region of the sigmoid flexure; opium was administered, and injections. Mr.

Birkett saw the patient, and did not recommend an opening in the loins, the symptoms apparently not being sufficiently urgent. Peritonitis came on, and he died July 8, eighteenth day of obstruction. There was general peritonitis; great distension of the intestine, as far as the sigmoid flexure; there, a villous growth from the mucous membrane, composed of vascular villi, covered with epithelium, and containing beneath large nucleated cells. There was a mass in the liver, about an inch in diameter, composed of similar cells; this portion of liver is preserved with the bowel.

See Record of Inspection, 147. 1854.

- 1854<sup>35</sup>. Stricture of termination of sigmoid flexure, or commencement of rectum. There is considerable constriction; the mucous membrane ulcerated; the muscular and peritoneal coats constricted.

Case of Mrs. H., aged 60, patient of Dr. Gull's. In May, 1854, she had diarrhoea, and some months previously had a similar attack, since which she had been troubled with flatulence and pain in the abdomen. The diarrhoea was relieved, but the pain continued. July 22, constipation was not removed by the use of castor oil, rhubarb, &c. There was no sickness; the pulse was quiet and the tongue clean. Sickness came on on the 24th. The examination of the rectum discovered a hard mass high up in the recto-vaginal space; opium, &c., relieved the symptoms. After five days the bowels were relieved. She went on well till September 20, when the bowels again became obstructed; enemas were used, and opium administered; croton oil rubbed into the abdomen. Purgatives were occasionally given, but in vain; after five weeks of complete constipation, symptoms of peritonitis came on, and she died. The operation of opening the descending colon was proposed, but the patient would not consent.

- 1854<sup>38</sup>. Portion of sigmoid flexure of the colon, and of the ascending colon, and of the ileum. In the sigmoid flexure is a cancerous growth, arising from the mucous membrane, which led to fatal obstruction. All the coats of the intestine are involved. Immediately above the obstruction is a perforation, but no extravasation had taken place; the intestine above the obstruction was enormously distended; and in the cæcum, ascending colon, and ileum, the mucous membrane was very extensively ulcerated and injected, apparently from ulceration consequent on the extreme distension.

Case of Sarah O., aged 42, admitted, under Dr. Hughes' care, Nov. 18th, and died on the following day. She was exceedingly ill on

admission; the abdomen tender and tympanitic; vomiting came on soon after she had got into bed; she attributed her illness to a blow which she had received on the abdomen three months before her death. In the left iliac fossa pain and constipation supervened; the bowels were opened by enemata. On inspection, there was general peritonitis; no disease of other parts.

Record of Inspec., No. 222. 1856.

- 1854<sup>48</sup>. Portion of colon, affected with stricture, apparently scirrhus. The constriction is very circumscribed, and there is much dilatation above the stricture; the mucous coat is thickened, the muscular coat also involved.

From Mr. R. S., about sixty-seven years of age, who for more than a year had been somewhat icteric, and who also suffered a good deal from symptoms which were referred to malignant disease of the abdomen.

- 1854<sup>60</sup>. Portion of colon, obstructed by a circumscribed scirrhus growth. The mucous membrane is thickened and infiltrated, the muscular coat involved. Below the seat of stricture the muscular coat is more hypertrophied than above; the mucous membrane is ulcerated, and there is perforation at the seat of stricture.

Presented by C. A. Key, Esq.

- 1854<sup>62</sup>. Cancerous disease of the colon, with ulceration, and remarkable partial dilatation.

- 1854<sup>64</sup>. Cancerous disease of the colon, leading to stricture. The growth from the mucous membrane has in some parts a villous character; the muscular and cellular layers are involved and infiltrated.

- 1854<sup>65</sup>. Portion of colon, near the hepatic flexure, presenting a villous (cancerous?) growth, projecting from the anterior surface of the mucous membrane. The posterior surface was free; the constriction was nearly complete, and water would scarcely pass. Above the stricture was much distension of the intestine; in the omentum were several tubercles said to be cancerous; at the constriction the bowel had the appearance as if a portion of string had been placed round it. There was slight ulceration of the ileum.

Case of George P., aged 58. A year before his death had had pain in his abdomen, and diarrhoea. Two months before admission he had constipation and some pain; he was brought to Guy's under Dr. Babington's care, with constipation of one week's standing, and symptoms resembling strangulated hernia; he had had scrotal hernia, and the sac remained; the abdomen was tense. The cæcum could be seen distended; and the ascending colon, as far as the liver, where there was pain on pressure; the descending colon could not be felt. Mr. Birkett explored the hernial tumor, but no intestine was within it; the propriety of opening the ascending colon was discussed. The man died four days after admission. The growth consisted of vascular villi, covered with epithelium, and its cancerous character very doubtful.

See Drawings 323<sup>9</sup> and 323<sup>10</sup>.

New Vol. Inspec. IV., p. 55.

- 1854<sup>66</sup>. Portion of the sigmoid flexure and rectum, showing cancerous obstruction at the termination of the former. The growth was red and vascular, covered with changed epithelium, and of the character of epithelial cancerous disease. The muscular and peritoneal coats were much contracted at the part; the obstruction was nearly complete.

Case of Ellen H., admitted into Martha Ward, under Dr. Hughes' care, November 7th, 1855. There had been constipation for nearly three weeks; distended abdomen and much pain. The use of purgatives was followed by violent vomiting; by the use of opium and enemata the bowels were acted upon freely, and she was able to take solid food. Her emaciation, however, increased, and she gradually sank two months after admission. With the exception of contracted mitral, there was no disease of any other part of the body.

Record of Inspec., No. 10. 1856.

- 1854<sup>67</sup>. Colloid cancer of the sigmoid flexure of the colon.

Case of Thomas C., aged 56, admitted into Guy's, July, 1855, under Mr. Cock's care. The symptoms at first resembled renal calculus; an abscess afterwards formed in the left iliac fossa, extended below Poupart's ligament, and opened; fæculent matter was discharged. The patient became increasingly prostrate, and died with pleuro-pneumonia. There was no constipation. A firm growth was found at the sigmoid flexure composed of delicate fibre tissue, and gelatinous fluid, containing nuclei and cells. A free communication extended from the colon into an abscess behind the fascia, and into the groin.

Record of Inspec., 1855. No. 165.



1854<sup>68</sup>. Cancerous disease of the transverse flexure of the colon.

The patient, Mary N., aged 40, had received a blow across the abdomen two years before her death, being thrown across the banisters of the stairs. The accident was followed by great pain and swelling at the part; she had frequent vomiting and purging. On inspection a cancerous growth was found towards the left hypochondriac region, involving the transverse colon and small intestine, and pancreas; ulceration had led to the communication between the large and small intestine, and to a small circumscribed fæcal abscess.

Record of Inspec., 201. 1856.

1854<sup>72</sup>. Portion of the extremity of the colon, and part of the rectum, very much dilated. All the coats much thickened; the mucous membrane granular, and partially ulcerated; there are marks of old inflammation of the peritoneum, and sinuses in the neighbourhood of the intestine.

1854<sup>80</sup>. A small portion of the sigmoid flexure of the colon, with a small pouch communicating with the interior of the intestine by a small well defined aperture; it contained fæcal matter and puriform mucous. There is a follicle of considerable size near to it. This condition did not apparently produce any symptom during life. The patient died from fractured ribs and emphysema.

Case of James C., aged 73.

2. Misc. Inspec. Book, p. 51.

1854<sup>81</sup>. Portion of colon having large follicular pouches which contained fæces.

Presented by Dr. Bright.

1854<sup>82</sup>. Portion of the sigmoid flexure of the colon, having a double row of pouches; these were composed only of the mucous and peritoneal coats of the intestine, and were filled with fæces.

From Charlotte J., aged 62, who died from cancerous disease of the liver, &c., admitted November, 1855. See Prep. of the liver, 1922<sup>5</sup>.

Record of Inspec., No. 221. 1855.

1855. Portion of cæcum, showing the mucous membrane deeply

colored with dark blood. From a patient who died from stricture of the colon.

Case of Henry J., aged 64.

4. Green Inspec. Book, p. 24.

See Prep. of stricture of colon 1853, and of ileum 1826.

- 1855<sup>32</sup>. Termination of the ileum and cæcum. The mucous membrane, especially of the latter, thickened, and of a dark olive color, but nearly or quite free from ulceration. The other coats of the intestine and the peritoneum are inflamed.

From Henry W., aged 13, a patient of Dr. Bright's in Job Ward, admitted with symptoms of peritonitis. He had been ill for several months; there was effusion of pus into the peritoneal cavity. The colon was much discolored, and covered in some parts with false membrane; see Prep. 1864<sup>16</sup>. There was suppuration in the kidney and on its surface; see Prep. of kidney 2035<sup>14, 28</sup>.

8. Green Inspec. Book, p. 163.

1856. Colon contracted in longitudinal furrows. From a child.
1857. Portion of colon, with a layer of adhesive membrane on its inner surface.
- 1857<sup>5</sup>. Portions of colon in a state of acute inflammation, showing small fragments of false membrane still adhering; and in several places there is superficial ulceration beneath.

From James S., aged 20, admitted with typhoid pneumonia. The whole of the large intestine was intensely injected; velvety and long shreds of membrane were connected with it.

Record of Inspection, No. 150. 1855.

- 1857<sup>10</sup>. Portions of colon, showing the effect of acute inflammation; an imperfect layer of membrane is attached to the mucous membrane, which was intentionally injected; and where this membrane is removed, minute specks of ulceration are found.

From Elizabeth H., aged 7, admitted into Martha Ward with chorea; she appeared convalescent, when symptoms of dysentery came on, and the child died in four days.

Record of Inspec., 102.—1855. See Drawing 318<sup>10</sup>.

1857<sup>15</sup>. Cæcum and ascending colon affected with very extensive ulceration. Small islets of mucous membrane only were left; in some parts fragments of diphtheritic membrane are attached. There appears to have been chronic dysenteric ulceration, and acute disease with it.

From William S., aged 20, admitted November 2, 1855. He had been ill for seven months with phthisical symptoms; extensive vomicæ were found in the lungs. Strumous disease of mesenteric glands and lacteals. See Prep. 1540<sup>50</sup>, and Drawing 49<sup>5</sup>.

Record of Inspec., 197. 1855.

1857<sup>20</sup>. Portion of colon, showing extensive sloughing of the mucous membrane in dysentery.

From James T., aged 59, admitted October 19, 1853, under Dr. Hughes' care, with acute dysentery. He was a labourer in the London Docks; had never been out of England; the disease appeared to be brought on by eating a considerable quantity of coarse sugar six weeks before admission.

Inspection—New Vol. IV.—p. 167.

1858. Portion of colon, the mucous membrane of which is inflamed, and exhibits several small spots of old ulceration.

1859. Portion of colon, with thickening; inflammation, and minute irregular and thickly sprinkled ulcerations of the mucous membrane.

1859<sup>32</sup>. Portion of colon, corrugated and slightly thickened; its mucous membrane granular and ulcerated.

1859<sup>35</sup>. Portion of colon, roughened and thickened; the surface granular, and the mucous membrane slightly ulcerated. With this preparation is a portion of the rectum, which was acutely inflamed and covered by diphtheritic membrane.

Case of Esther W., aged 37, affected with suppurating ovarian cyst and with vascular growth at the urethra. Prep. 2092<sup>60</sup>. Suppuration of the pelvis of the kidney, and tubercular pneumonia deposit in the lung.

Prep. of gall stone, 1979<sup>20</sup>.

Record of Inspec., 1854. No. 248.

1860. Portion of colon, exhibiting very extensive old ulcerations of the mucous membrane, with thickening of the other coats of the intestine. From dysentery.

1861. Portion of colon, thickened and contracted from the ulceration of the mucous membrane; the intestine is everted.

Presented by Dr. Burne.

1862. Considerable portion of large and small intestine, showing numerous small ulcers.

From a phthisical patient.

1863. Portion of colon, with numerous ulcerations of the mucous membrane.

From a patient about 60 years of age, of intemperate habits, who died with paralysis and diarrhoea. The stools green, watery, and scybulous.

1863<sup>10</sup>. Two portions of colon, with numerous small but deep ulcerations; the intervening mucous membrane thickened and rugose.

The patient had had constipation and dysentery. From a private patient of Dr. Bright's.

1863<sup>20</sup>. Portion of the arch of the colon, of which the mucous membrane is very extensively ulcerated; the other coats thickened and contracted.

1863<sup>30</sup>. Another specimen from the same subject as 1863<sup>20</sup>, injected. The mucous membrane not so extensively removed as in the preceding specimen.

From Mary F., aged 54, admitted with general anasarca and albuminous urine. In the lung was considerable pneumonic induration and tubercles.

7. Green Insp. Book, p. 131.

1863<sup>40</sup>. Portion of colon; the mucous membrane is almost universally destroyed; the edges of the remaining portions are cleanly cut.

Case of Ann D., aged 38.

11. Green Insp. Book, p. 189.



1863<sup>69</sup>. Two portions of large intestine, exhibiting a granular surface with numerous minute ulcers, (follicular.)

1863<sup>70</sup>. Portion of colon coated with slightly granular and partial layers of false membrane; the mucous glands are large; one follicle presents an obstructed orifice.

Case of Maria J., aged 8, admitted on account of a punctured wound in the abdomen, from a knife thrown by her father at a cat; brought to Guy's in a state of collapse; symptoms of peritonitis came on, and in a short time she died. There was slight effusion of pus between the intestines; a portion of omentum adhered to the wound; there was a spot of enchymosis in the colon, one inch in length, where it appeared to have been injured by the knife. Prep. of wound in parietes, 2470<sup>40</sup>.

12. Green Inspec. Book, p. 151.

1863<sup>80</sup>. Portion of colon, with elongated villous processes projecting from the mucous membrane.

Presented by Dr. Barker.

1863<sup>90</sup>. Portion of colon from a child; it is dilated and hypertrophied in consequence of accumulation. The patient was seven months old, and had had constipation, very small scybala being passed.

Mr. Bryant's Cat., No. 8, p. 7.

1864. Portion of colon, showing deep old ulcerations of the mucous membrane with puckering.

1864<sup>16</sup>. Portion of the arch of the colon; the mucous membrane is acutely inflamed, and covered with portions of coagulable lymph.

The patient died from peritonitis and suppuration of the kidney. Case of Henry W., aged 13. See Prep. 1855<sup>32</sup>, of intestine, 2035<sup>14</sup> and 2035<sup>28</sup>, of kidney.

8. Green Inspec. Book, p. 163.

1864<sup>17</sup>. Portion of colon which was swollen, injected, and its surface covered by an almost uniform diphtheritic membrane; the action of spirit has rendered this membrane less flocculent.

Case of Harriet S., aged 28; admitted into Guy's under Dr. Habershon's care, July, 1855, with symptoms of dysenteric diarrhœa, which had lasted for six weeks. She was in a typhoid condition when brought

in, and sank in a few days. The whole tract of the elementary canal was inflamed.

Record of Inspections, No. 143, 1855.

- 1864<sup>18</sup>. Portion of colon, showing ulceration and patches of diphtheritic membrane; there are several starlike cicatrices observed on the surface.

Case of William C., aged 16, who gradually, during three years, became exceedingly anæmiated, and at last sank from diarrhœa. The heart and liver were fatty.

Record of Inspections, No. 208, 1856.

- 1864<sup>32</sup>. Termination of the ileum and the cæcum, with extensive and deep ulceration in the mucous membrane, especially of cæcum. From a patient affected with phthisis.

- 1864<sup>48</sup>. Portion of the ascending colon, thickened and its calibre contracted; the mucous membrane generally affected with old ulceration; the appendix cæci bound down and closed at its orifice.

Case of Maria T., aged about 30. She was a woman of intemperate habits; three months before admission anasarca came on and obstinate diarrhœa; there were large white kidneys and peritonitis; two ulcers were found in the ileum, and strumous disease of the mesenteric glands, with puckering at the apex of the lung.

5. Green Inspec. Book, p. 122.

- 1864<sup>64</sup>. Portion of colon, presenting two deep ulcers with rather inverted edges. From a case of pneumonic phthisis.

2. Note Book, p. 20. Presented by Dr. Stroud.

- 1864<sup>65</sup>. Portion of the ascending colon, cæcum, and a small part of the ileum, presenting very extensive ulceration; from a case of tubercular phthisis. There were ulcers scattered throughout the whole of the small intestine, but less severe than in the colon; the surfaces of the peritoneum were adherent, and contained tubercular deposit.

Case of Charlotte J., aged 38; admitted under Dr. Habershon's care in 1856. The most marked symptom was dysenteric diarrhœa, but the lungs were evidently seriously diseased, and contained vomica; she had been ill for five months.

Record of Inspection, No. 62, 1856.

1864<sup>80</sup>. Portion of colon extensively ulcerated; some parts are covered with puriform lymph; irregular portions of mucous membrane are left; the coats of the intestine are thickened and irregularly contracted

1865. Portion of colon and rectum, with extensive old ulceration, especially in the latter; the intestine much thickened and perforated by sinuses.

1866. Last portion of the colon and rectum, with extensive ulceration of the mucous membrane; some of the ulcers extremely deep, having formed sinuses; the rectum and uterus firmly adherent to each other.

Presented by Sir A. Cooper.

1867. Portion of thickened and contracted colon, with perforation, which communicated with an abscess in the iliac region, and was accompanied with stricture of the rectum.

Case of Mr. W., a stout active man who had frequently been the subject of syphilis. A few years before death he had dysentery and afterwards constipation; symptoms of stricture about the rectum became marked, and an abscess formed near the crest of the ileum, which was opened and found to communicate with the intestine. The intestines were found to be glued together in the left iliac fossa; there were three or four openings into the sigmoid flexure, and the coats of the intestine were much thickened.

2. Green Inspec. Book, p. 90.

1868. Portion of colon thickened and irregularly contracted, with the mucous membrane generally sphacelated and separating.

Case of James V., aged about 30, who had been employed in lead works. Ten days before admission he was seized with pain in his bowels, having been constipated for five days. It was supposed to be a case of lead colic. The abdomen was painful on pressure; leeches were applied and purgatives administered; much purging followed, blood and coagula were passed; at the same time urgent retching came on, and delirium, &c. supervened. There was general peritonitis, the large intestine much thickened, indurated, and somewhat contracted; the internal surface was mottled, in some parts black and sphacelated, most severe at the commencement of the colon; the liver was healthy.

2. Green Insp. Book, p. 97.

- 1868<sup>10</sup>. Portion of the rectum, presenting a circumscribed slough about three inches in diameter. From a sailor.

Hercules W., aged 16, who was admitted July 29, 1854, with Asiatic cholera, and died August 1.

Record of Inspection, 173. 1854.

- 1868<sup>15</sup>. Circumscribed slough in the cæcum after strangulation.

Case of John F., aged 64. The hernia was reduced two days before admission; he died from cancerous disease of the rectum, with extravasation. See Prep. 1886<sup>49</sup>.

20. Misc. Inspec. Book, p. 186.

- 1868<sup>25</sup>. Portion of the arch of the colon thickened and sacculated; the mucous membrane is sloughing, and is in shreds.

Case of John S., aged 33, a plumber by trade. Eight years before death he had yellow fever and became maniacal; anasarca afterwards came on and dysentery. The kidneys were large and white; the colon as shown in the preparation; a loose body was found in the peritoneum.

See Prep. 2456<sup>42</sup>. 7. Green Inspec. Book, p. 72.

- 1868<sup>50</sup>. Termination of the ileum, with the cæcum thickened and sacculated; the mucous membrane of a dark color, and partially sloughing.

See Prep. of ileum, 1826<sup>80</sup>. Presented by Dr. Bright.

- 1868<sup>75</sup>. Portion of colon, the mucous membrane ulcerated and sloughing.

1870. Portion of colon, the mucous membrane of which is much thickened; the follicles are enlarged, and there are small ulcers on the surface of the membrane.

1871. Portion of intestine, showing much enlarged mucous follicles and incipient ulceration.

1872. Portion of colon, showing numerous much enlarged mucous follicles, with incipient ulceration.

- 1872<sup>50</sup>. Portion of colon, with numerous small ulcerations in and around the solitary glands; the mesenteric glands were enlarged; there were typhoid ulcerations in the ileum.



From James U., aged about 30, who, after chronic diarrhoea of three or four months' duration, had typhoid fever. See Prep. 1881<sup>80</sup>.

2. Misc. Inspec. Book, p. 143.

1873. Portion of the sigmoid flexure of the colon, having a polypoid growth about half an inch in diameter, attached by a long peduncle. With this preparation is an intussusception of a portion of the small intestine.

- 1873<sup>50</sup>. Portion of the sigmoid flexure of the colon, showing a small polypoid growth; the mucous membrane is acutely inflamed and ulcerated.

Case of S. S., a woman of dissolute habits; admitted with ulceration of the cartilages of the nose. There was minute injection of the lower part of the ileum, and the whole of the colon was thickened, granular, and ulcerated.

4. Green Inspec. Book, p. 131.

- 1873<sup>75</sup>. Melanotic spots on the exterior of the colon.

See Preps. of glands, 1559<sup>85</sup>, and Drawing 52<sup>25</sup>, and of periosteum of tibia, 1257<sup>80</sup>. See Wax Model, 292.

1874. Portion of the ileum and the cæcum, showing intussusception of several inches of the ileum into the cæcum.

Case of John B., aged 22; admitted fourteen days before death with painful and distended abdomen, vomiting, and suppressed urine, and symptoms of ileus; he had had fever two years before his death, followed by chorea. There was a calculus in the pelvis of the kidney, Prep. 2077; ossific plates on the pia mater, Prep. 1585.

Old Museum Book, No. 8.

- 1874<sup>25</sup>. Portion of intestine, showing intussusception of a part of the ileum, the cæcum, and ascending colon into the transverse and descending colon.

Case of Daniel D., aged 15; admitted under Dr. Hughes' care, February, 1856. He was well till seven weeks before admission, when severe pain came on in the abdomen after exposure; the pain returned in severe paroxysms of colic, relieved by pressure; he had bloody motions passed per rectum, and vomited a lumbricus; from the 21st to the 25th February he was free from pain, but sank with symptoms of obstruction and peritonitis.

Record of Inspection, 67, 1856.

Drawing 315<sup>80</sup>.

- 1874<sup>50</sup>. A considerable part of the colon, several inches of which are invaginated and highly inflamed.

From an infant, who survived several hours, with symptoms of ileus.  
See Drawing, 315. Presented by Mr. Thomas Callaway.

- 1874<sup>75</sup>. Intussusception of a large portion of the colon in a state of gangrene.

Presented by Mr. Callaway.

1875. Cæcum and the whole of the ascending colon, passed during life by stool after intussusception.

Case of W. P., aged 6, a patient of Mr. C. King's, City Road, October, 1852. His previous health had been good; he was attacked with œdema and discoloration of both legs; these symptoms soon subsided, but constant vomiting came on with constipation and with pain, tenderness of the abdomen, particularly in the right iliac region; these urgent symptoms remained for four days, when convulsions and insensibility ensued. He remained in this condition for twelve hours, apparently dying; on the two following days he was a little better; the vomiting ceased, but constipation continued; during the next four days there was no change. Eleven days after the seizure, and five days after the cessation of the vomiting, he had a motion, and passed the cæcum with the vermiform process and the ascending colon; when passed the cylinder was complete. In a few days the leg became gangrenous and was removed; the case did well, and completely recovered.

See full Report in *Lancet*, June, 1854. Drawing 321<sup>22</sup>.

1876. Portion of colon, exhibiting intussusception of several inches; the invaginated portion intensely congested.

- 1876<sup>50</sup>. About twenty inches of intestine, consisting of portion of cæcum and colon, in a state of gangrene; voided by Mary C., aged 20, after violent abdominal suffering. The patient survived six days.

Mr. Bryant's Cat., No. 83, p. 37.

1877. Portion of the colon, ruptured from constipation occasioned by stricture of the rectum.

The patient had been subject to constipation for twenty years. For a fortnight before her death, she had passed no alvine evacuation; ten hours before her death, she was seized with vomiting; her abdomen became tympanitic and painful. On inspection, a large quantity of fæces were found in the abdomen. See Prep. 1884.

1877<sup>20</sup>. Portion of the arch of the colon, with a very large lacerated opening, occasioned by a fall from a chaise.

The patient, aged 50, survived the accident about thirty-four hours; the symptoms at first were not very severe, but extreme prostration came on five hours before death.

1. Note Book, p. 148. Presented by Mr. A. Tweedie.

1877<sup>40</sup>. Portion of rectum perforated by a bougie.

The patient had been affected for many years with stricture, and had often been relieved by surgical aid; at length, in an attempt to pass the bougie himself, he perforated the rectum, and death ensued in about ten hours.

Presented by Mr. Callaway.

1877<sup>60</sup>. Rectum and part of the colon, the latter perforated thirteen inches from the anus.

From a gentleman who had long labored under derangement of the digestive organs, which at last being attributed to stricture of the rectum bougies were passed, and one of them produced the perforation shown in the preparation.

Presented by Dr. Hodgkin and Mr. Callaway.

1877<sup>80</sup>. Portion of the rectum, perforated by O'Beirne's tube about five inches from the anus.

From James A., aged 67; he had had reducible hernia for thirty years; at last the intestine came down while coughing, inguinal and oblique, and the hernia was reduced; the symptoms were unrelieved, a rectal bougie was passed, and collapse and death followed. At the lower part of the abdomen a portion of intestine was found strangulated in the sac, which had been returned *en masse*, and the rectum perforated as shown in the preparation. See Prep. 2486<sup>20</sup> of hernia, and Drawing 474.

6. Misc. Inspec. Book, p. 63.

1878. Cæcum, with a perforation communicating with an opening in the groin; the consequence of abscess following stricture of the rectum.

From Henry F. Lazarus' ward, June, 1807.

1879. Appendix cæci dilated at its upper part, and obliterated and contracted below.

Case of Ann B., a very stout woman who died suddenly.

2. Green Insp. Book, p. 5.

- 1879<sup>20</sup>. Abdominal parietes from the right groin, to which the cæcum had contracted old adhesions, in which the appendix is involved; a very narrow sinus leads from the cæcum to an opening in the groin.

Case of Michael R., aged 34, a compositor. After an attack of diarrhœa, he was seized with pain in the region of the cæcum; a tumor formed, and afterwards local emphysema. Eight ounces of pus was evacuated by free incision; fæcal discharge afterwards took place; he gradually sank. On inspection, the lungs were found studded with tubercles, and there were several vomicæ; the cæcum was bound down to Poupart's ligament.

8. Misc. Inspec. Book, p. 57.

- 1879<sup>40</sup>. Portion of colon with the appendix cæci, which was involved in a chronic abscess, to which it had apparently given rise; parts of the ragged walls of the abscess are seen; the appendix appears nearly divided by ulceration.

Case of Thomas T., aged 24. See Prep. of ileum and history, 1832<sup>76</sup>.

7. Misc. Inspec. Book, p. 87.

- 1879<sup>45</sup>. Appendix cæci, rather small and almost divided, as by wasting, about half an inch from its extremity; there was no mucous passage in it.

Case of Jane C., aged 52, admitted with fractured leg, and died in a typhoid condition. See fractured tibia, Prep. 1266<sup>60</sup>.

18. Misc. Inspec. Book, p. 247.

- 1879<sup>50</sup>. Appendix cæci dilated and hypertrophied.

- 1879<sup>60</sup>. Cæcum with a remarkably short appendix vermiformis, apparently atrophied after ulceration; there are delicate peritoneal adhesions on its external surface.

- 1879<sup>63</sup>. Appendix vermiformis very much dilated, its communication with the cæcum obliterated; it was distended with watery mucous, and the distended follicles resembled cysts.

Case of Philip B., aged 42, who died from phthisis and laryngitis; the muscles were affected with the trichina spiralis.

19. Misc. Inspec. Book, p. 61.

- 1879<sup>80</sup>. Appendix cæci short, contracted, and its cavity almost obliterated; the result of internal ulceration.



Case of J. B., aged 26. He was an intemperate man, who eighteen weeks before admission became anasarctous after exposure to cold. The kidneys were large and pale; see prep. 2037<sup>60</sup>. The peritoneum thickened; see prep. 2440<sup>60</sup>.

2. Misc. Inspec. Book, p. 89.

1880. Ulcerated cæcum; the vermiform process contracted at its opening into the intestine, and dilated and hypertrophied inferiorly. The patient died from aneurism of the aorta.

Case of James S. See Prep. 1453. Old Museum Book, No. 16.

- 1880<sup>12</sup>. The appendix cæci elongated; at its extremity remarkably dilated, and the mucous membrane thinned.

- 1880<sup>25</sup>. The termination of the appendix vermiformis, presenting a large strumous tubercular mass.

From Thomas F., aged 31, who had been ill a year, and died from tubercular phthisis.

18. Misc. Inspec. Book, p. 236.

- 1880<sup>50</sup>. Appendix cæci in a state of ulceration, apparently from calculus, producing a fatal extravasation or enteritis; the calculus was very much of the size and form of a cherry stone.

Case of Robert J., aged 14. Was seized five days before death with pain in the right iliac fossa.

9. Misc. Inspec. Book, p. 81.

- 1880<sup>62</sup>. Appendix cæci ulcerated.

- 1880<sup>75</sup>. Cæcum with the processes vermiformis, which is perforated in consequence of a concretion; the peritoneum was coated with low organized fibrin.

From a child aged 11. The symptoms of muco-enteritis came on and increased in severity for two days; the bowels acted on the fourth day after violent medicines; urgent pain supervened, and symptoms of peritonitis.

2. Note Book, p. 27. Presented by Mr. B. B. Cooper.

1881. Ulcerated and perforated appendix cæci, in which a fæculent concretion was found.

See Prep. 1894 of concretion.

- 1881<sup>10</sup>. Termination of the ileum, with the cæcum and appendix vermiformis, which last is perforated by ulceration after concretion.

Case of George N., aged 20. Two days before admission he had been depleted for supposed muco-enteritis; he was bled at repeated times very largely; for eight or nine years he had had occasional violent pain in the abdomen. On inspection, there was a circumscribed cavity filled with pus between the cæcum and the liver; it contained about twelve ounces of pus, offensive but not fæculent; two inches from the cæcal termination of the appendix was a small concretion, and beyond this a small ulcerated opening three-fourths of an inch in length, which nearly separated the extremity of the appendix.

5. Green Inspec. Book, p. 126.

- 1881<sup>20</sup>. Termination of the small and commencement of the large intestines; the appendix vermiformis distended by fæcal matter, and presenting small perforations.

Case of Mrs L., aged 45, a stout woman; for some weeks had been unwell; the bowels generally constipated, and sometimes she had pain in the right iliac fossa; this pain increased; purgatives were given, and she was bled; tympanitis and restlessness came on, and great irritability of the stomach; there was general peritonitis arising from perforation of the appendix.

6. Green Insp. Book, p. 86.

- 1881<sup>25</sup>. Cæcum with the appendix thickened and adherent; the appendix was ulcerated and perforated, leading to peritonitis; at the opening in the appendix was a projecting firm body about the size of a cherry stone; this was found to be a fæculent concretion, and the centre was composed of phosphate of lime; the appendix contained another concretion of a similar kind.

The patient, John H., aged 36, had a year before had an attack of pain in the epigastrium; the illness, which terminated fatally, was of six days' duration. See Prep. of concretion, 1894<sup>51</sup>, and Drawing 325<sup>27</sup>.

Record of Insp., 1855, No. 153.

- 1881<sup>40</sup>. Termination of the small and commencement of the large intestine; the appendix vermiformis distended by a concretion, and perforated by ulceration; the mucous membrane of the colon discolored by dark-brown streaks, but not ulcerated; there was peritonitis.

- 1881<sup>50</sup>. Appendix cæci, the lining membrane of which is thickened and ulcerated about an inch from the cæcum.

Case of William J., aged 44, a hatter by trade—intemperate. There were miliary tubercles and low organised deposit in the lungs, with numerous vomica; the peritoneum was healthy; the mesenteric glands were enlarged; near the middle of the jejunum was an intussusception and several old cicatrices; in the colon were several large ulcers.

2. Misc. Insp. Book, p. 96.

- 1881<sup>60</sup>. Appendix vermiformis, the cavity of which is very much contracted, the parietes thickened; the lining membrane appears to have been ulcerated, and there are the remains of a small cavity at the extremity, external to the appendix, but communicating with its cavity.

- 1881<sup>70</sup>. Part of the cæcum with the appendix cæci, the lining membrane of which appears to have been for a long time considerably inflamed, and is covered with lymph.

Case of Harriet H., aged 23, a stout girl, admitted in a typhoid condition. On inspection, there were blotches on the skin with petechiæ; there were slight adhesions of the pericardium, which was granular; there was recent pleurisy at the base of both lungs; local peritonitis over the region of the liver and suppuration in the right iliac fossa, burrowing behind the peritoneum.

2. Misc. Inspec. Book, p. 56.

- 1881<sup>80</sup>. Cæcum with its appendix, which is considerably distended; its mucous membrane is thickened and ulcerated, with some sloughing; there are numerous ulcerations in the cæcum and colon; the meso-colic glands are considerably enlarged.

Case of James U., aged about 30, affected with chronic diarrhœa of three or four months' duration, and afterwards fever.

See Prep. of colon, 1872<sup>80</sup>. 2. Misc. Inspec. Book, p. 143.

- 1881<sup>90</sup>. Termination of ileum and commencement of the cæcum; the appendix cæci much distended in consequence of a large intestinal concretion, which caused ulceration and peritonitis.

Case of Mr. C., aged 22. Four days after an attack of diarrhœa seized with severe pain in the abdomen, and died in five days. There was local peritonitis from the right inguinal to the hypochondriac regions,

and a cavity containing about two ounces of dirty pus; the intestines were glued together in the neighbourhood of the cæcum; and the perforated appendix communicated with this part.

See Prep. of concretion, 1894<sup>50</sup>. 8. Green Inspec. Book, p. 12.

- 1881<sup>91</sup>. Cæcum and rectum, with a fistulous communication between the appendix and rectum. There is chronic ulceration of the rectum.

Case of Mary G., aged 50. She died in the hospital, from phthisis, in January, 1853.

New Vol. Inspec. IV., p. 42.

- 1881<sup>95</sup>. Cæcum affected with extensive ulceration, described as cancerous; external to it there is a firm tumor. The appendix is unusually long.

- 1881<sup>96</sup>. Cancerous disease of the cæcum. Several irregular growths extend from the coats of the cæcum close to the ileo-colic valve; the posterior wall was destroyed, and a fæcal abscess extending below Poupart's ligament and opening on the thigh had formed. The growth had the elements of medullary cancer.

Case of William J., aged 56, admitted under Dr. Hughes' care, July, 1856. He was a coach trimmer, a temperate man, and had had hernia on the right side. A year before his death he began to feel pain in the region of the cæcum.

Record of Inspec., 212. 1856.

- 1881<sup>97</sup>. Cancerous tumor of considerable size, projecting from the mucous membrane of the cæcum. The kidney on the same side affected.

Case of W. A. C., aged 53, ill for months with progressive wasting, hæmaturia, and tumor in the abdomen. The tumor on the left side weighed four and a half pounds; consisted of the glands external to the kidney.

Presented by Mr. Charles Fagge of Hythe.

- 1881<sup>98</sup>. Portion of ascending colon, showing perforation from an abscess which had been situated in the loins. There were four irregular openings, in which the external coats are more destroyed than the mucous membrane. The com-



mon iliac vein was perforated by ulceration, and the external iliac worked up by ante-mortem clot.

Case of Ann D., aged 37, a married woman, who had miscarried a short time before the commencement of her illness, five weeks before her death. After working hard, she awoke at night with violent pain in the lower part of the abdomen; there was tenesmus, but she could not discharge anything from the bowels. On the following day she had a rigor; and on the third she noticed that the right side of the abdomen was enlarged, and became exceedingly tender. She became slightly jaundiced, the tumor slightly fluctuating, and superficial abdominal veins enlarged; the tumor gradually disappeared, so that the day before death it could not be detected; but she sank after passing several large evacuations of clotted blood. The abscess occupied the position of psoas abscess on the right side, and was bounded in front by the colon into which it had entered; but there was no disease of vertebræ or other bones.

Presented by Mr. R. G. Hardwick, Leeds.

- 1881<sup>99</sup>. Portion of the sigmoid flexure of the colon, with a fistulous communication from a large abscess external to it.

Case of Elizabeth R., aged 39, admitted under Dr. Habershon's care, March, 1855. An abscess formed deeply in the iliac fossa, and opened upon the anterior abdominal parietes; it extended as high as the diaphragm. Pus was discharged by the bowel.

Record of Inspec., 1855. No. 115.

1882. Rectum terminating in the bladder near its cervix. From an infant.

Presented by Mr. Beck.

- 1882<sup>50</sup>. Rectum considerably distended, and terminating in the cervix of the bladder, or in the first part of the urethra. From an infant.

Presented by Mr. Callaway.

- 1882<sup>55</sup>. Rectum terminating in the urethra.

The infant was about thirty-six hours old. The abdomen much distended; Mr. Cook opened the rectum from the anus, and there was discharge of meconium; the child died about eight hours afterwards.

Record of Inspection, 69. 1856.

- 1882<sup>62</sup>. Rectum considerably distended, and terminating in the vagina.

Presented by Dr. Lever.

1882<sup>67</sup>. Rectum opening into the vagina; the kidney is considerably lobulated.

Presented by Dr. Lever.

1882<sup>75</sup>. Termination of the rectum in a pouch about an inch from the anus. The child survived eight days.

Presented by Mr. C. A. Key.

1883. Rectum greatly dilated, and the anus much contracted; it was originally imperforate, and an operation which had been performed was not followed up by proper care on the part of the mother. From a child five months old.

Presented by Mr. C. A. Key.

1883<sup>32</sup>. Rectum terminating in a blind pouch.

Presented by Mr. Hardy, Jun.

1883<sup>34</sup>. Rectum terminating in a blind pouch.

Presented by Dr. Lever.

1883<sup>64</sup>. Rectum terminating in a cul de sac. From a child who survived eight days.

Presented by Mr. C. A. Key.

1883<sup>80</sup>. Polypus of the rectum; it is pedunculated, and has a beautifully foliated appearance.

Case of Elizabeth T., aged 40, who died from peritonitis and abscess in the walls of the stomach. See Prep. of stomach, 1802<sup>85</sup>.

New Vol. I., p. 197.

1884. Stricture of the rectum, which caused death by rupture of the colon; there is considerable contraction of all the coats of the intestine, and a growth from the mucous membrane (cancerous).

The patient had been subject to constipation for twenty years. For a fortnight before her death she passed no alvine evacuation; ten hours before her death she was seized with vomiting; her abdomen became tympanitic and highly painful. On inspection, rupture of the colon was discovered and fecal extravasation. See Prep. 1877.

Presented by Mr. T. Hardy.

1884<sup>20</sup>. Rectum thickened and permanently contracted in nearly its whole length, with destruction of the mucous membrane; the surrounding cellular structure much indurated.

1884<sup>40</sup>. Rectum thickened and permanently contracted four inches from the anus, with destruction of the mucous membrane from old ulceration; the surrounding cellular structure extensively thickened and indurated; it was dense, hard, and white.

Case of Elizabeth S., aged 22, a patient of Dr. Bright's, admitted with symptoms of stricture of the rectum. On inspection there was emphysema and pleurisy, and old abdominal adhesions.

8. Green Inspec. Book, p. 128.

1884<sup>45</sup>. Ulceration of the rectum, which had occupied nearly the whole of its lower one-third; the surface of the ulcer was irregular and ragged, and formed irregular bands and pouches; beneath one of these bands, consisting of muscular fibre, was a small opening into the cellular tissue; this opening the patient had made by an enema syringe, and had led to emphysema of the whole of the lower half of the abdomen.

Case of Joseph B., aged 50, admitted May, 1856, under Dr. Hughes' care, with cancerous disease of the pylorus.

Record of Inspection, No. 130, 1856.

1884<sup>60</sup>. Rectum thickened and permanently contracted with chronic ulceration of the mucous membrane, the surrounding cellular tissue loaded with fat; the principal contraction appears to have taken place about five inches from the anus. The patient appears to have suffered from old peritonitis.

1884<sup>80</sup>. Rectum very much contracted at the verge of the anus, above which it is dilated into an enormous sac about five inches in diameter and ten in length; the colon is also distended.

Presented by Mr. C. A. Key.

1886. Annular stricture of the upper part of the rectum.

1886<sup>16</sup>. Rectum with stricture at the anus and ulceration; the ulcerated mucous membrane is considerably raised; it is probably cancerous.

1886<sup>32</sup>. Rectum with the uterus and part of the vagina; the rectum is contracted, and ulcerated where it is opposed to the lower part of the body of the uterus, the cervix of which appears to have been destroyed by carcinoma; there is an ulcerated opening between the rectum and the vagina, and scirrhous growths are situated on either side of the rectum; the ureter and pelvis of one kidney are very much dilated.

1886<sup>48</sup>. Cancerous disease obstructing the large intestine, apparently rectum; there is considerable thickening of the mucous and muscular coats; there is some ulceration, and much infiltration and induration of the cellular tissue around the intestine.

From a patient of Dr. Hodgkin's and Mr. Morgan's.

1886<sup>49</sup>. Cancerous disease at the upper part of the rectum, with a soft peduncular polypus.

From John F., aged 64, admitted for strangulated hernia two days before death; the hernia was reduced before admission.

See Prep. of intestine, 1868<sup>15</sup>. 20. Misc. Inspec. Book, p. 186.

1886<sup>64</sup>. Rectum considerably contracted about two and a half inches from the anus, in consequence of a mass of cancerous growth in its parietes; the mucous membrane is extensively ulcerated.

From John J., aged 48. There was cancerous disease of the liver, enlargement of the mesenteric glands, and pressure on the bile duct.

2. Misc. Insp. Book, p. 128.

1886<sup>65</sup>. Rectum presenting a carcinomatous growth about three inches from the anus; the mucous and muscular coats, and the cellular tissue beneath, are all infiltrated with cancerous product; the uterus and ovaries are shown to be firmly adherent; there was also chronic thickening and contraction of the peritoneum and omentum; the glands adjoining the rectum were infiltrated.



Case of Ann S., aged 26, admitted under Dr. Lever's care, April, 1856.  
For five months she had experienced difficulty in passing her motions;  
an ordinary gum elastic catheter could at last only be passed through  
the stricture.

Record of Inspection, No. 81, 1856.

1886<sup>80</sup>. Rectum affected with colloid cancer. The walls of the intestine are very much thickened by colloid growth; the calibre of the intestine constricted, the intestine above and below the stricture much dilated, and the mucous membrane below the stricture is universally ulcerated.

1887. Portion of large intestine, with numerous irregularly lobulated polypoid growths, pedunculated, attached to the mucous membrane.

Presented by Sir A. Cooper.

1887<sup>50</sup>. Lower part of the colon, or commencement of the rectum, with large pedunculated bodies growing from the mucous membrane; there is extensive ulceration, probably carcinomatous.

Presented by Mr. C. A. Key.

1888. Termination of the rectum, surrounded by hæmorrhoids.

1888<sup>25</sup>. Termination of the rectum, showing several anal pouches.

1888<sup>50</sup>. Termination of the rectum, showing several pouches and small varix.

1888<sup>75</sup>. Termination of rectum, showing fistula.

1889. Portion of rectum inverted, showing hæmorrhoids.

1890. Condylomata removed from the anus. Venereal.

1891. Hæmorrhoids, accompanied by prolapsus of the rectum.

1891<sup>50</sup>. Termination of the rectum, showing an anal abscess; the incipient stage of fistula.

1892. Rectum perforated in two places from gun-shot wound, which injured the obturator nerve.

See Preparation 1616.

## INTESTINAL CONCRETIONS.

1893. A concretion, more than an inch in diameter, removed from the intestines; it consists of silicious deposit from oatmeal.

1893<sup>25</sup>. An intestinal calculus, as large as a small hen's egg; its surface rounded and fissured, composed of phosphate of lime, with traces of alkaline chloride, and connected by fæcal matter.

This calculus was removed from a sinus extending from the abdominal parietes to the cæcum; no appendix cæci could be found. A large abscess was found extending from the cæcum to the liver, and communicating with this sinus; the transverse arch of the colon was obstructed; the mesenteric glands were hard, white, and of cartilaginous firmness; numerous miliary tubercles were found beneath the pleura.

2. Note Book, p. 39. Presented by Dr. Bright.

1893<sup>50</sup>. Numerous masses of fat observed in the evacuation of a patient who suffered from jaundice.

Patient under Dr. Bright's care in Job ward. John W., 1835, 1836.

1894. Lamellated concretion from the appendix vermiformis; it is about the size of a horse bean, and has a nucleus of fæcal matter surrounded by calcareous matter; it produced ulceration and death from peritonitis.

Presented by Dr. Burne.

1894<sup>12</sup>. A pin found in the appendix cæci of ordinary size, covered with a white deposit, invested by condensed tissue. The patient died with large hepatic abscess, but the pin does not seem to have set up ulceration.

Case of George A., aged 37. 10. Misc. Inspec. Book, p. 89.

1894<sup>25</sup>. Calculus found in the appendix vermiformis, about the size of a pea; lamellated and apparently phosphatic; no nucleus is evident.

1894<sup>50</sup>. Fæcal concretion found in the appendix cæci, about the size of a chocolate nut; composed of fæcal matter, and phosphatic externally. Symptoms of peritonitis came on two days after intemperance in eating quickly, terminating fatally;

a small faecal abscess, limited by adhesion, was found in close contact with the appendix cæci, which was three or four times its ordinary size.

Case of Mr. C., aged 22. See Prep. of cæcum, 1881<sup>80</sup>.

8. Green Inspec. Book, p. 12.

- 1894<sup>51</sup>. Faecal concretion from the appendix cæci, causing ulceration and fatal peritonitis; the nucleus was composed of phosphate of lime with a small amount of triple phosphate, and was surrounded by hardened fæces.

See Prep. of cæcum, 1881<sup>25</sup>; Drawing of concretion, 325<sup>27</sup>.

Record of Inspection, 153. 1855.

- 1894<sup>75</sup>. Piece of bone taken from the rectum which produced sinuses, which healed after the bone had been removed.

Mr. Bryant's Mus. Cat., No. 63, p. 87.

- 1894<sup>75</sup>. Blade of a penknife passed per anum, fourteen days after having been swallowed, by a child eight years of age whilst running; for two days it led to distressing symptoms of irritation about the stomach and œsophagus, increased by attempts at vomiting; these subsided on the third day, and no further annoyance was experienced.

Presented by Dr. Babington. 2. Note Book, p. 58.

- 1894<sup>80</sup>. Portions of blades, and handles of knives, and a metallic button, found in the stomach of John C., who died in Guy's ten years after having swallowed them.

See Prep. of the stomach, 1800 and 1894<sup>81</sup>, of substances passed per anum.

- 1894<sup>81</sup>. Several portions of blades and handles of knives passed per anum on different occasions by John C., before his admission into Guy's.

Presented by Dr. Lava and Mr. Kelly.

- 1894<sup>85</sup>. A mass of stones, passed per rectum by a lunatic who had swallowed them to destroy life. Seventy-two were passed, weighing seven ounces.

Presented by W. P. Kirkman, Esq., Suffolk County Asylum.

## LIVER.

1895. The greater part of a liver much contracted, lobulated, and the peritoneal surface considerably thickened by inflammatory deposit.

- 1895<sup>50</sup>. Portion of the liver much contracted and lobulated; the peritoneal coat is considerably thickened, and the acini are observed to be granular (cirrhosis).

Case of Lucy C., aged 45, admitted with ascitis, which she had had for three months; she was tapped several times, and had symptoms of peritonitis. After death the whole peritoneum was found thickened; a layer of lymph could be removed from it.

6. Green Inspec. Book, p. 123.

1896. Section of a large dense liver, its surface smooth, its texture close, firm, and drier than natural, believed to arise from hypertrophy of the acini (lardaceous?). The liver occupied nearly the whole abdomen, was 3 lb. 8 oz. in weight; it was removed from a child, James M., aged 5, who had had disease of the vertebræ. On examination, the brain and thoracic viscera were healthy, but there was considerable enlargement of the mesenteric gland.

2. Green Inspec. Book, p. 54.

- 1896<sup>20</sup>. Section of a large liver, lardaceous.

From a child, John R., aged 10, affected with strumous disease of the hip joint, said to arise from hypertrophy of tissues; the thoracic viscera were found to be healthy; mesenteric glands pale. The child died from hæmorrhage from the femoral artery.

See Prep. of hip, 1317<sup>40</sup>, of artery, 1504<sup>80</sup>. 6. Misc. Inspec. Book, 28.

- 1896<sup>25</sup>. Portion of lardaceous liver; the organ was affected in an extreme degree.

Case of James D., aged 18, admitted under Mr. Hilton's care in 1856, with chronic disease of the hip; abscesses formed around the joint, and dysenteric diarrhœa came on; the spleen and kidneys were lardaceous; no true tubercles were found in the lungs. See Prep. of spleen, 2005.

Record of Inspection, 71. 1856.

- 1896<sup>60</sup>. Portion of liver, with a tubercular projection from it. This projection consists of liver structure, but is changed in



character; there appears to be hypertrophy of Glisson's capsule, and fatty degeneration of the acini at this part.

1896<sup>80</sup>. Portion of the liver, which shows an extension of the left lobe, slightly overlapping the spleen.

1897. A portion of the liver, showing its diaphragmatic surface indented by a deep groove. This is applied to a ridge on the inferior surface of the diaphragm; the superior surface of the diaphragm is covered by false membrane, and is adherent to the lung; the contraction of the membrane appears to have led to the abnormal condition of the diaphragm.

Case of John K., aged 55, admitted with jaundice, and died after a short time, previously having symptoms of cerebral oppression and great prostration; the liver was larger than its natural size and pale, and contained many points of pus; the largest hepatic abscess contained about an ounce of pus; the appendix cæci short and ulcerated, and external to it several points of pus; the mesenteric glands were suppurating, and numerous points of pus were found in the mesentery.

5. Green Insp. Book, p. 140.

1898. Portion of a liver having four deep parallel depressions on the superior surface; the deepest is nearly half an inch in depth. These are supposed to have been produced by pressure from the ribs.

1898<sup>50</sup>. Portion of liver from a patient affected with phlebitis; a large branch of hepatic vein contains a coagulum, and in its course are numerous inflamed spots, showing apparently commencing suppuration.

1898<sup>55</sup>. Portion of liver, presenting very numerous small abscesses, from a patient who died from phlebitis.

Case of James D., aged 37, admitted under Mr. Hilton's care, May, 1856, with diseased phalanx of the middle finger; the finger was removed; symptoms of pyæmia came on ten days afterwards, and he died on the sixteenth day after the operation; there was a small patch of pneumonia in the lungs. Prep. of bone, united fracture, 1197<sup>65</sup>.

Record of Inspection, 1856, No. 120.

1899. Portion of liver and lung, with diaphragm adherent; a large

abscess in the liver has extended through the diaphragm, and formed a large cavity in the lower lobe of the lung.

- 1899<sup>5</sup>. Portion of the liver, containing an irregular abscess, communicating with a thickened and inflamed branch of the vena porta; the abscess was situated in the left lobe of the liver, and had given way into the peritoneal cavity.

From John W., aged 49, a patient of Mr. Hilton's, who was admitted with injured hand, and died from pyæmia.

Record of Inspection, 115. 1854.

1900. Portion of liver with a considerable abscess, without a circumscribed cyst; the inflammation of this portion of the organ has led to the separation or slough of a portion of it, of a globular figure, and nearly detached within the cavity of the abscess.

From Mr. Davy's Coll. B. Harrison, Esq.

- 1900<sup>25</sup>. Portion of liver, containing a large abscess; the walls of the abscess are exceedingly irregular and ragged.

This preparation was from a patient, Henry B., affected with melancholia in the Peckham workhouse; his age 29, a man of very intemperate habits. On admission into the asylum, the liver was found to be somewhat enlarged; he improved in health considerably, but three weeks afterwards was seized with severe pain in the region of the liver; this soon presented all the characters of peritonitis, the pain became exceedingly distressing; he passed into a typhoid condition, the brain became oppressed, and on the eighth day he died. On inspection there was peritonitis, especially over the liver; the right lobe was much enlarged, prominent towards the cartilages of the sixth and seventh ribs, and encroaching on the stomach; an abscess at this part was found to contain a pint and a half of pus.

2. Note Book, p. 43. Presented by Messrs. Carrington & Gale.

1901. Liver containing, at the junction of the right and left lobes, a large and defined abscess, capable of containing about a pint of fluid; the parietes of the abscess are generally smooth; the peritoneal surface is roughened by old adhesion. The preparation also shows the spleen and stomach adherent to the liver, and two of the ribs, which severally bound a second collection of pus.

Old Museum Book, No. 250.

1902. Sections of liver containing an abscess, which was opened twice during life; a large quantity of unhealthy discolored pus was evacuated.

From a patient of Dr. Cholmeley's.

1903. Liver, the right lobe is nearly wholly destroyed by a large abscess; this was sufficiently large to contain six pints of pus, and extended behind the peritoneum and the kidneys to the pelvis; the cellular tissue around the bladder, uterus, and ovaries was destroyed, and the abscess reached the perineum; the diaphragm is shown in the preparation adherent to the liver; a very thin layer of liver structure separated the abscess from the muscle; the right lung was much encroached upon by the large size of the liver.

The patient, Elizabeth C., was 31 years of age, and ten months before her death, during menstruation, caught cold; febrile excitement and pain at the pit of the stomach came on, and afterwards pain in the right hypochondrium; the pain afterwards was principally felt lower down in the right side. Her symptoms were weakness, loss of appetite, and febrile disturbance; she occasionally passed blood by stool; an attack of diarrhoea came on, and she shortly died.

Old Museum Book, No. 5.

- 1903<sup>16</sup>. Liver of a child aged two years, with a large abscess in the right lobe; the walls of the abscess exceedingly irregular; the diaphragm formed part of its parietes; the abscess was distended with about one pint of heterogeneous fluid, resembling the usual contents of the stomach, and containing flakes of scrofulous matter. The child died from scarlet fever; the peritoneum healthy.

Case of Julius S., aged two years. 1. Misc. Inspec. Book, p. 131.

- 1903<sup>32</sup>. Section of liver, showing dense cartilaginous tissue surrounding a firm growth; it was contained in the substance of the liver, and led to puckering of its surface; it was supposed to have been the remains of hepatic abscess which had burst into the alimentary canal, but of this there was no proof; probably had its origin in inflammation of a strumous character.

- 1903<sup>48</sup>. Another section of the liver mentioned above, showing the solid character of the tumor.

- 1903<sup>35</sup>. Section of liver, showing several dried cheesy masses surrounded by a firm fibrous investment; they are situated in the course of the portal veins; there was puckering on the anterior surface of the liver; other portions of the liver were lardaceous. A portion of the colon, showing that nearly the whole of the membrane was thickened and altered by irregular cicatrices, is put with the liver.

Case of Thomas R., aged 31, admitted under Dr. Habershon's care, October, 1856. He had been a soldier, had drank very freely of rum; two and a half years before his death, whilst in Bermuda, during intoxication was exposed at night, and became exceedingly ill. On admission into Guy's, he had the symptoms of disorganization of the lungs, which was found after death.

Record of Inspec., 214. 1856.

- 1903<sup>40</sup>. Portion of liver, on the dorsum of which is deep depression produced by contraction; the section shows that this contraction is continuous with branches of the vena porta, around which is some dense tissue; it has probably arisen from an obliteration of the vessels at this part, with subsequent contraction and atrophy.

Case of Robert S., aged 33. This patient was admitted with an ulcer on the leg, with exfoliation of the tibia; erysipelas came on and jaundice, and he died about one month after admission. The serous cavities contained yellow serum; there was gangrene at the upper part of the thigh; the liver was considerably enlarged and mottled, of a lightish yellow color; at the middle of the right lobe was the fissure above described, and in the left was a mass of fibrinous deposit about the size of a walnut; the liver around it indurated and contracted.

14. Misc. Inspec. Book, p. 140.

- 1903<sup>45</sup>. Section of liver with a slight depression on its surface; the vessel beneath found to be obliterated, thus indicating commencing atrophy at the part.

From Robert G., aged 43, who died of phthisis, with ulcerated larynx and intestine.

Record of Inspec., 41. 1854.

- 1903<sup>50</sup>. Section showing a deep fissure, consequent on atrophy from obliteration of the vessels beneath; there is considerable inflammatory product, and several masses of fatty degenerated liver structure.



Case of John E., aged 46, admitted December, 1853; he had ascites, and died from peritonitis after paracentesis.

The lobulated condition of the liver, see Drawings, 334<sup>6</sup>, 334<sup>6</sup>.

New Vol. Inspec. IV., p. 273.

- 1903<sup>55</sup>. Section of portion of the right, and the whole of the left lobe of the liver, which latter is extremely degenerated, resembling a hard fibrous mass, with smaller masses of fatty tissue in it.

From Thomas C., aged 43, admitted December, 1853, and died from peritonitis; large white kidneys; sloughing mucous membrane of the ileum; lobular pneumonia. He had been exceedingly intemperate in his habits.

New Vol. Inspec. IV., p. 294.

- 1903<sup>64</sup>. Portion of liver, with a small collection of cretaceous matter imbedded in the surface, and surrounded by dense fibrous tissue. It was supposed to be the remains of a small abscess from mechanical injury, or more probably the result of strumous degeneration and absorption.

See Prep. of skull, 139<sup>10</sup>; of cuticle, 419<sup>35</sup>; of scrotal tumor, 1620<sup>69</sup>, 1620<sup>70</sup>, 1620<sup>80</sup>; spermatic cord, 2367<sup>70</sup>. Casts of head, No. 8; casts of scrotal tumor, natural size and miniature, No. 224, 225, 226. Drawings, 225, 226.

Case of Hoo Loo, a Chinese sailor, from whom an immense scrotal tumor was removed.

- 1903<sup>65</sup>. Section of liver, showing a small tumor on the surface, partially imbedded in the structure of the gland; it consisted of a fatty centre, surrounded by layers of fibrous tissue. It was doubtful whether this arose from strumous tubercle; no evidence of hydatid disease could be found.

From William R., aged 71, who died from diseased kidneys and pneumonia.

Record of Inspec., 1855. No. 162.

- 1903<sup>80</sup>. Portion of liver from the neighbourhood of the gall-bladder, its surface puckered and irregular from internal contraction; a portion of omentum is adhering to it. There is a corrugated cyst with thick parietes, superficially imbedded in the substance of the liver; it appears to be the remains of an abscess, or the gall-bladder wasted after calculus.

Presented by Dr. Stroud.

1904. Section of granular liver partially injured. Patient affected with dropsy.
1905. Portion of liver, described as scirrhus, but which is apparently lardaceous.
1906. Portion of liver removed from the dissecting-room at Guy's; it had a lobulated appearance; the depressions between the lobules are continuous, with membranous bands which extend into the substance of the liver, as far as the larger divisions of the vena porta and Glisson's capsule. The lobular portions themselves appear to have undergone fatty degeneration.

1. Green Inspec. Book, p. 152.

- 1906<sup>50</sup>. Portion of liver, contracted and lobulated. The surface is granular, and presents numerous depressions from the contraction of inflammatory deposit; the section exhibits a considerable quantity of fibrinous deposit in Glisson's capsule, around the branches of the vena porta; attached to the surface is a long bridle of peritoneal adhesion, with a small tuberosity attached to its extremity.

Case of William F., aged 37.

See Prep. 2434<sup>70</sup> and 2434<sup>77</sup> of peritoneum.

1907. Portion of liver, hob-nailed or cirrhus, or gin-drinker's liver. The section shows the irregular contraction of the surface of the liver, with thickening of the peritoneal coat; the gall-bladder is considerably thickened and contracted, and is laid open; the gall duct and portal vessels are surrounded by a considerable quantity of inflammatory deposit. The section of the liver exhibits fibrinous deposit in Glisson's capsule between the acini, the contraction of which has led to the granular appearance of the section.
- 1907<sup>16</sup>. Portion of the liver, the surface of which is remarkably contracted and nodulated, probably from the contraction of fibrinous deposit. On tearing a portion of the organ, it appeared to resemble the structure of pancreas rather than that of liver.

Case of Mary P. This liver was removed from a prostitute who died from acute pneumonia; the spleen was large and firm; the liver, as shown by the cast, was very large, and must have extended quite across the abdomen. See cast of liver, 259.

5. Green Insp. Book, p. 102.

1907<sup>28</sup>. Cirrhotic liver, portion of which has been macerated, and which shows more distinctly its granular character.

1907<sup>32</sup>. A portion of granular liver which has been macerated and dissected.

1907<sup>48</sup>. Section of liver, the surface mammillated and irregular; the section exhibits a considerable quantity of inflammatory deposit around the portal vessels and between the acini, which form rounded prominent masses. The other side of the section exhibits small round prominent masses, after the removal of the intervening fibrous tissue.

1907<sup>49</sup>. Another specimen, from the same subject as the preceding.

1907<sup>80</sup>. Portion of right and left lobes of the liver; its surface irregular and mammillated, especially the inferior surface. The section has a lobulated and irregular appearance, from the development and contraction of fibrous tissue; the gall-bladder is considerably thickened from similar deposit.

Case of Patrick M., aged 45. This patient, whilst in apparently robust health, received a severe fracture of the skull whilst at work. In the inspection, the liver was found as described, and Glisson's capsule and the mesentery were said to be emphysematous; the kidneys large and mottled. The body was not cold at the time of inspection.

9. Green Inspec. Book, p. 155.

1908. Portion of liver, indurated and nodulated by the contraction of fibrous deposit between the acini; there are likewise numerous miliary elevations upon the peritoneal covering. It was taken from a young woman, aged 23, affected with dropsy; her first symptoms had been amenorrhœa.

1908<sup>64</sup>. Portion of liver, thickly studded with small rounded bodies, from the size of a millet seed to that of a peppercorn, which produced slight elevations upon its surface, and per-

vaded the section. Described as resulting from excess in the administration of mercury.

Presented by Mr. M. H. Roberts.

1909<sup>10</sup>. Portion of liver, which presents beneath the peritoneum a hemispherical mass the size of a chesnut, pretty distinctly confined and very vascular, apparently consisting of a minutely reticular tissue filled with coagulum, and of pale red color; it seems to have been more tumid, possibly the result of effused blood and subsequent absorption.

1909<sup>20</sup>. A portion of liver, containing a small vascular growth about the size of a pea. Nævus, or effused blood.

Case of John M'C. This patient died from valvular disease of the heart. The kidneys were large and slightly granular.

9. Green Inspec. Book, p. 114.

1909<sup>25</sup>. Portion of liver, containing a mass of vascular tissue (nævus) about the size of a chesnut; there were several other smaller masses of similar character.

Case of H. H., aged 60. This patient was delirious three days before death; great lateral curvature of the spine, and the chest was contracted. There was inflammatory condition and congestion of the membranes of the brain; the rima glottidis contracted by a tumid state of the membrane; liver congested; kidneys slightly indurated.

New Vol. I., p. 26.

1909<sup>26</sup>. Portion of liver, presenting a small red mass, apparently consisting of delicate reticulated growth; when washed it consisted of blood, delicate fibrous tissue, and nucleated cells, believed to be cancerous.

Case of Stephen T., aged 41, admitted under Mr. Callaway's care, June, 1854, with calculus in the bladder, and cancerous growth in the bladder of a villous character. The colon was ulcerated, and there was a cicatrix in the stomach; he was a temperate man, who had resided at Hastings. When a child, had symptoms of calculus; these symptoms disappeared when he was 12 years of age; at 22 they returned with hæmaturia; he partially recovered till three months before admission.

See Record of Inspection, 136. 1854.

See Prep. of bladder, 2104<sup>8</sup>, Drawing of liver, 340<sup>57</sup>.

1909<sup>30</sup>. Portion of liver, in which there is a mass about the size of



a large cob-nut, apparently composed of blood, and resembling apoplexy as seen in the lung; it was situated immediately beneath the peritoneum, and projected slightly. The section of this clot, when macerated, displayed an arrangement of cells with delicate septa; the result of a blow.

Case of Margaret M., aged 50; she was a nurse in Lydia ward. Six weeks before her death had received a severe blow in the right hypochondriac region, by falling upon a piece of projecting iron; she was cupped, and appeared to regain her usual health. Thirty-six hours before death was seized with acute peritonitis, which was found to result from the rupture of a faecal abscess communicating with the rectum; the rectum at that part was slightly contracted by a recto-uterine inflammatory adhesion.

2. Misc. Inspec. Book, p. 80.

1909<sup>40</sup>. Portion of liver, with numerous cysts imbedded in its substance; they are more numerous towards one extremity, and affect the convex rather than the concave surface; they appear to be dilated cells rather than adventitious structure—dilated vessels or ducts. (Hydatids?) The kidney nearly in contact with this part of the liver was almost converted into a mass of irregular cysts.

See Prep. 2047<sup>75</sup>. Presented by Mr. Key, Jun., Clapham.

1909<sup>50</sup>. Portion of liver affected with abscess, said to communicate with the hepatic duct, probably arising from phlebitis.

1909<sup>60</sup>. Portion of cirrhotic liver, presenting very peculiar cysts or distension of ducts.

From Fort Pitt Museum.

1909<sup>61</sup>. Portion of cirrhotic liver, the peritoneum is thickened and granular; the section is remarkably granular, and there is much hypertrophy in Glisson's capsule. It was removed from the body of a person who died in consequence of excessive drinking; there were no symptoms of hepatic disease during life. When removed, the liver had the appearance of pancreatic gland structure.

Fort Pitt Museum.

- 1909<sup>62</sup>. Portion of liver, exhibiting interstitial absorption of a considerable portion of the centre of that organ; the remaining part appears cirrhotic.

Fort Pitt Museum.

1910. Portion of cirrhotic liver, partially injected, showing pressure of the vena cava from contraction of inflammatory product.

Case of Mary P., aged 55, admitted with diseased aortic and mitral valves, with granular kidneys and cirrhosis.

Record of Inspections, New Vol. IV., p. 278.

1911. Portion of liver, showing advanced fatty degeneration; the liver was considerably enlarged. It was removed from the body of a young medical man, who had frequently had syphilis and dysentery, the latter several years before his death. He had not been intemperate in the use of wine and spirits. Stricture of the rectum came on, and was followed by stricture high up the large intestine, which led, some time before death, to faecal abscess, which was opened above the crest of the ileum. He appeared to die from exhaustion; the lungs and heart were healthy; the gall-bladder contained bilious mucus.

2. Green Inspec. Book. Dr. Bright's Book, first part.

1912. Section of liver, structure degenerated; the liver was enormously enlarged, extending to the crest of the ileum and beyond the spleen; it was of a lightish yellow color; the posterior part was firm and almost cartilaginous, having a peculiar translucency and unnatural uniformity of structure. In the neighbourhood of the indurated parts the acini were small, but in the greater part of the liver were much enlarged; it had not the usual appearance of fatty liver, but burnt readily.

Case of William S., aged 14. Four years before his death had rheumatic fever, which was followed by ascitis and oedema of the lower extremities; blood was passed in the urine and with his stools; the urine afterwards found to be very coagulable. He was salivated, and took iodide of potassium, but without relief; a short time before his death rheumatic pericarditis came on. On inspection, the liver was

found as described; the pericardium covered by a thick false membrane; the kidneys mottled and white; the lungs were healthy.

See Prep. of heart, 1446. Dr. Bright's Reports, part 1.

3. Green Inspec. Book, p. 22.

- 1912<sup>50</sup>. Portion of liver from a malformed foetus, which, besides perversion in shape, appeared deficient in urinary organs; the mass of the liver was of rather a lighter color, and decidedly firmer texture, than usual; it was mottled by portions of a lighter and yellow color, and in some of the latter were cavities of various sizes, presenting a smooth defined internal surface lined by membrane; they had the appearance of cysts, but were probably irregularly dilated tubes; the orifices of some of the bile ducts were distinctly visible, but their ramifications did not extend into cysts.

8. Green Inspec. Book, p. 72. Presented by Dr. Clark.

1913. Portion of liver, containing small masses of degenerated liver structure, surrounded by fibrous tissue; the surface above some of them is puckered; the peritoneum is thickened and roughened.

From Daniel P., 34 years of age, who died from renal anasarca. The kidneys were found granular and mottled; the heart stated to have been healthy.

See Prep. of spleen, 2003. 1. Green Inspec. Book, p. 157.

1914. Portion of liver, containing several more or less defined cavities, said to be dependent on the softening of tubercles.

1915. Portion of liver, containing numerous very minute tubercles, only observed on close inspection; others are observed more distinctly on the surface.

From George B., aged 6, who after measles had bronchitis; he gradually emaciated and died. On inspection, tubercles were found in the lungs, see Prep. 1737<sup>25</sup>; in the spleen, Prep. 2008<sup>50</sup>; and in the kidneys; none in the brain.

Record of Inspection, 1856. No. 132.

- 1915<sup>25</sup>. Section of liver, presenting very numerous minute tubercles throughout its structure; they were about one-sixteenth of

an inch in diameter, and appeared to follow the distribution of the portal system; they consisted of nuclei and amorphous substance; the liver was much enlarged, and of a red color.

Case of William R., aged 37, admitted under Dr. Hughes' care into Job ward, 1856. The patient was exceedingly ill on admission. He had been a sailor nearly all his life. On admission was in a febrile condition, and jaundiced; he gradually passed into a typhoid condition. There were tubercular disease of the lungs, and pneumonia; tubercles in the lymphatic glands, ulceration of the intestine, and a splenic abscess with tubercular deposit. Preparation 2008<sup>55</sup>. He had never had ague or dysentery, and said that he had been temperate.

Record of Inspection, 47. 1856.

- 1915<sup>50</sup>. A section of liver, presenting very numerous rounded masses, from the size of a pea to that of an apple, probably carcinomatous, with scarcely any intervening liver structure; when everted, they appeared to have been cystiform; their consistence and color varied, some of a whitish color, others colored with bile or blood. The liver was very large, and was universally adherent to the parietes; there was ascites; the serum was slightly tinged with bile; the patient had a light jaundiced color.

Case of John B., aged 30. 18. Misc. Inspec. Book, p. 21.

See Drawing, 331<sup>40</sup>. Preparations of liver, 1915<sup>51, 52</sup>.

- 1915<sup>51</sup>. Another specimen.

- 1915<sup>52</sup>. Another specimen, showing the nodular surface and rather more secreting structure.

1916. Injected preparation of portion of liver, containing numerous tubercles, probably carcinomatous; they are of small size, circular, and imperfectly defined.

- 1916<sup>40</sup>. Portion of liver filled with carcinomatous tubercles, with a small portion of healthy intervening secreting structure.

From a patient of Mr. Morgan's, who died from cancer of the eye and of the lung.

See Preps. of lung, 1752<sup>50</sup>, and of the eye, 1669<sup>32</sup>.



- 1916<sup>50</sup>. Section of liver, showing several scirrhous tubercles, with a small portion of intervening healthy liver structure.

From a patient who had carcinoma of the mesenteric glands.

See Prep. 1836<sup>44</sup> of small intestine. Presented by Mr. J. Morgan.

1917. Section of liver, containing carcinomatous deposit, which is very imperfectly defined; there was cancerous disease of the breast and tibia.

1918. A section of liver, presenting large carcinomatous masses, occupying nearly the whole structure of the liver; the centre of several masses was broken down and sloughing, and formed a spurious abscess.

Case of Robert W., aged 32, admitted September, 1855. He had been ill for four months; the lumbar glands were extensively diseased, and the parietes of the rectum destroyed.

Record of Inspection, 1855, No. 183.

1920. Portion of liver, containing carcinomatous tubercles, which are defined and softening in the centre. The patient had similar disease of the breast.

- 1920<sup>20</sup>. Portion of liver, containing a large tolerably defined fungoid tubercle.

Presented by Mr. Thos. Callaway.

See Prep. 1920<sup>40</sup> of liver, and of gall-stones, 1978<sup>50</sup>.

- 1920<sup>40</sup>. Portion of liver, containing a carcinomatous mass, which is softening in the centre. The lower part is adherent to the intestine; and the outer surface of the tumor is roughened by fibrous adhesions.

See Preps. 1920<sup>20</sup>, and of gall-stones, 1978<sup>50</sup>.

- 1920<sup>60</sup>. Section of liver affected with carcinomatous disease, which is remarkably diffused; the remaining part of the liver healthy.

From Ann B., 44 years of age, who was affected with carcinomatous disease of the uterus; the lumbar glands were affected. The color of the preparation is much changed by spirit.

10. Green Inspec. Book, p. 93.

See Preps. 1558<sup>40</sup> of lumbar gland, 1743<sup>70</sup> of lung, and 2266<sup>18</sup> of uterus.

- 1920<sup>80</sup>. Portion of liver, its surface uneven, and containing diffused white deposit, supposed to be carcinomatous.

Presented by Dr. Wm. Stroud.

1921. Portion of liver, containing several circular carcinomatous tubercles; the preparation has been partially injected, and presents vessels surrounding the tubercles. The patient had cancer of the breast.

1922. Portion of liver, containing several large carcinomatous tubercles; the preparation has been injected, and presents capillaries passing into the substance of the growth; the tubercles were raised above the surface of the liver, and depressed in the centre. The gall-bladder is shown in the section thickened, and contains a calculus of cholesterine.

The patient, S. G., was 45 years of age, and was admitted with cancer of the breast, uterus, &c.

See Prep. of breast, 2317; of uterus, 2278<sup>40</sup>; and cast of liver, 260; and breast, 282.

3. Green Inspec. Book, p. 15.

- 1922<sup>5</sup>. Section of liver, containing numerous carcinomatous tubercles; the gall-bladder is very much distended, and its duct obstructed by a gall-stone.

Case of Charlotte J., aged 62. She had been suffering for twelve years from palpitation of the heart and general debility; the lungs were affected with cancerous disease, and the kidneys were granular.

Preparation of sigmoid flexure, 1854<sup>82</sup>.

Record of Inspection, 212. 1855.

- 1922<sup>12</sup>. Section of liver, containing numerous carcinomatous tubercles; there appears to have been considerable deposit about the gall-bladder, the walls of which are infiltrated. It contains a calculus of cholesterine; there is considerable thickening of Glisson's capsule, probably in part inflammatory; the peritoneal surface is considerably thickened, and presents numerous circular depressions.

This was removed from a charwoman, Elizabeth B., in very reduced circumstances, 56 years of age, who had scirrhus of the uterus; she was admitted into the hospital with ascites, and was tapped twice; there were old inflammatory disease of the peritoneum and thickening of the

omentum. The left lobe of the liver contained the remains of a hydatid cyst. See Prep. of uterus, 2278<sup>80</sup>, and peritoneum, 2440<sup>80</sup>.

11. Green Insp. Book, p. 129.

1922<sup>21</sup>. Portion of inferior surface of liver, with pylorus and portion of pancreas attached; the liver contains several carcinomatous tubercles; the remaining part was of a pale color, and rendered almost homogeneous from the action of spirit; the gall-bladder is thickened, and presents several minute tubercles upon its surface; the pancreas was indurated; and the pylorus is seen in the preparation to have been ulcerated and thickened, and the muscular coat of the stomach hypertrophied.

This preparation was removed from a man, John S., aged 45, who was admitted with jaundice and ascites.

7. Green Inspec. Book, p. 42.

1922<sup>36</sup>. Section of liver, which is full of firm, rounded, carcinomatous tubercles; there is very little healthy intervening liver structure; the liver was much enlarged; the gall-bladder is shown much thickened; the tubercles in the liver are described as having been of a firm consistency.

The patient, Mary R., aged 45, was admitted with cancer of the breast, and after death similar disease of the ovary and lumbar glands was observed.

See Prep. 2327<sup>60</sup> of breast. 3. Misc. Inspec. Book, p. 49.

1922<sup>41</sup>. Portion of liver, presenting cerebriform tubercles; a portion of this growth has passed through into the vena porta, and is seen filling up the vein.

1922<sup>45</sup>. Portion of liver, presenting scirrhous tubercles.

1922<sup>48</sup>. Portion of liver injected, containing numerous carcinomatous tubercles about the size of walnuts; they projected beyond the surface of the gland.

The patient, Ann C., was 48 years of age, and was admitted with scirrhous of both breasts, affecting principally the left; there were several firm glandular tumors in the anterior abdominal parietes; she became more emaciated, and gradually sank. Numerous hard tubercles were found in the liver, depressed in their centre; smaller ones were found in the omentum, mesentery, and peritoneum generally. Both ovaries were

enlarged and indurated, and the uterus contained a tumor about the size of an egg; on the lungs, several hard sub-pleural tubercles were observed.

See Preps. 2246<sup>82</sup> of uterus and ovaries, and 2462<sup>80</sup> of peritoneum.

Drawing 379 of uterus and ovaries.

2. Misc. Inspec. Book, p. 13. Guy's Hospital Reports, Vol. III.

- 1922<sup>60</sup>. Portion of liver, presenting several tubercles of carcinoma medullare; several of them are turned from their position, exposing a smooth cystiform surface.

It was removed from the body of Edward S., aged 55, who had been a butler and of intemperate habits. The liver is said to have weighed 13 $\frac{3}{4}$  lbs. The kidneys were large and slightly mottled.

2. Note Book, p. 42. Presented by Mr. John T. Lipscomb.

- 1922<sup>61</sup>. Another portion of the same liver.

- 1922<sup>84</sup>. Portion of liver, presenting a large carcinomatous tumor, which was medullary and vascular; the digestion in fluid has removed the softer part of the growth, and shows its fibro-cellular structure.

- 1922<sup>90</sup>. Portion of liver, presenting large carcinomatous masses, having a reticulated appearance from softening; the liver is firmly adherent to the diaphragm, and the disease appears to have extended through to the adherent lung above.

1923. Liver of a child, with small carcinomatous tubercles imbedded in it.

See Prep. 2054, cancer of kidney. Presented by Mr. Pearse.

1927. Portion of liver, containing a prominent defined carcinomatous tubercle.

From John F., who had a similar tumor connected with the ligaments and bones of the spine, which had caused paraplegia and death; there were similar affections of one of the ribs, of the sternum, cranial bones, and dura mater, and also the bronchial glands.

See Prep. of spine, 1028; of sternum, 1042; of pericardium, 1449; of gland, 1554, 1548; of pleura, 1782; and of spleen, 2012.

See Mr. Key's Record of Inspections.



1928. Portion of liver, with a defined carcinomatous tubercle in it; the fibro-cellular portion of the deposit is well shown.

1928<sup>32</sup>. Portion of liver, with a large defined carcinomatous tubercle on its under surface, and immediately connected with the peritoneum, which is thickened and irregular and roughened.

Case of Ann B., about 35 years of age, who was admitted with enlargement and perceptible tumor in the abdomen. After death the peritoneum was found almost inextricably matted together by thick adhesions, containing tubercles of various sizes; the omentum was converted into a thick mass of fungoid tumors; the pelvis contained also a solid mass of tubercles, infiltrating and surrounding the structures. There was similar affection of the lumbar glands and spleen.

See Preparation of spleen, 2011<sup>50</sup>; of uterus, 2266<sup>48</sup>, 2266<sup>54</sup>; of omentum, 2469<sup>28</sup>; and Drawing of uterus, 397.

8. Green Inspec. Book, p. 59.

1928<sup>64</sup>. Portion of liver, with a large well-defined carcinomatous mass.

From a patient who died with obstinate diarrhœa, which was occasioned by mesenteric tumors of the same kind; softened and communicating with the intestine.

See Wax Model, No. 71. Presented by Mr. J. Hilton.

1929. Portion of liver, containing defined fungoid tubercles; they are principally observed in the specimen at the transverse fissure, with large absorbent glands; some of them had produced pressure upon the biliary ducts, and consequent jaundice.

Case of Mary H., 45 years of age, under Dr. Back's care in Dorcas ward. She had black jaundice; a short time before death had hæmatemesis. On inspection, the abdominal viscera were found deeply tinged; the stomach was distended with black fluid; the mucous membrane emphysematous; the liver had a greenish olive color, contained several carcinomatous tubercles; the bile ducts very much dilated throughout the substance of the liver. Gall-stone, see Prep. 1971.

4. Green Inspec. Book, p. 124.

1929<sup>50</sup>. A considerable portion of the liver, containing numerous carcinomatous tubercles, and one on its convex surface, which was perceptible during life; the liver was a good deal changed in form; and the gall-bladder was situated

on the convex surface near the diaphragm, and contained some healthy bile. A mass of enlarged and indurated glands are seen connected with the pancreas, and the opposed surface of the duodenum was perforated by an ulcer of the size of a sixpence; this is observed at the lower part of the preparation.

The patient, Benjamin J., about 40, had suffered from jaundice for eight years; a short time before his death he voided a large quantity of blood, and rapidly sank.

6. Green Inspec. Book, p. 144.

1930. Portion of liver, almost composed of defined carcinomatous tubercles; very little intervening liver structure is observed; some of the tubercles are in a state of softening.

1931. Portion of liver, containing large fungoid tubercles, some of which are softening; these tumors form considerable eminences from the surface of the liver.

1931<sup>20</sup>. Portion of the liver, containing very numerous tubercles of melanotic cancer.

1931<sup>22</sup>. Portion of liver, containing a hard tumor, ossific in its centre, and believed to be scirrhus. The saw was required for the division of the centre of the tumor. The external surface of the liver was extremely irregular and nodulated; the peritoneum was almost universally covered with nodulous pedunculated tumors, of great variety in size and color. There was no affection of the absorbent glands.

From William G., aged 21, a patient in Lazarus ward, under Dr. Cholmeley's care; he was of small stature, and had a strumous appearance. He was admitted with chronic ascites; the disease may possibly have been of a strumous character.

See Preps. of peritoneum, 24707, <sup>49</sup>. 6. Green Inspec. Book, p. 109.

1931<sup>64</sup>. Another section of the same liver, showing more clearly the ossific centre.

1932. Portion of liver, containing well-defined numerous fungoid tubercles.

1933. Portion of liver, containing defined carcinomatous tubercles, which are of a dark color. The deposit is breaking down at the circumference of the tumor.
1934. Section of a greatly enlarged liver, presenting very large carcinomatous tubercles; one of these tumors is more than a foot in circumference; fibrous tissue is seen intersecting the tumor in various directions, giving it a cystiform appearance; some of the tubercles are softening.
1935. Section of liver, presenting defined carcinomatous tubercles, surrounded by fibrous tissue, and causing a cystiform appearance; some of the tumors have a melanotic appearance, from the deposit of pigment cells in them.
1936. Section of enlarged liver, almost filled with carcinomatous tubercles; some are large, and have melanotic deposit in them; scarcely any secreting structure is observable.
1937. Portion of liver, with several large medullary or melanotic tubera in different stages of its development; the same disease existed in the absorbent glands, kidney, and skin.  
See Preps. of glands, 1551, 1555; of skin, 1661; of kidney, 2062.
- 1937<sup>40</sup>. Small portion of liver, showing small melanotic tumors studded throughout the gland structure; they vary in size from a pin's head to a hazel-nut.  
Fort Pit Museum.
- 1937<sup>45</sup>. Two portions of liver, containing numerous melanotic tubercles.
- 1937<sup>60</sup>. Portion of liver, containing large defined fungoid masses; removed from the body of a Greek, in whom the liver weighed 15 lbs. The pancreas, aorta, and integuments were affected with the same disease.  
Fort Pit Museum.
- 1937<sup>80</sup>. Portion of liver, containing a large melanotic mass.

From a woman who had melanosis of the eye and side of the face.

See Prep. 1668<sup>64</sup> of the eye, and Wax Model 37.

Presented by M. Gossett, Esq.

- 1937<sup>85</sup>. Portion of liver, containing numerous melanotic tumors of various sizes.

See Model of the face, 290; and liver, 72.

1938. Portion of liver, containing a circumscribed tubercle, supposed to be carcinomatous.

Removed from James B., aged 26, who was operated upon by B. B. Cooper, Esq., for strangulated congenital hernia. There was no similar disease in any other viscus or gland.

4. Green Inspec. Book, p. 37.

1939. A small cartilaginous body, embedded in and slightly attached to the surface of the liver.

1940. Two small isolated cartilaginous tumors, slightly attached to the surface of the liver.

1941. Portion of liver, containing a large hydatid cyst, which has extended to the surface.

- 1941<sup>50</sup>. Portion of liver, containing hydatid cyst, capable of holding about a pint of fluid; the tunic is thin but dense. The coat of a large hydatid from the same cyst is thick and opaque, and its layers peeling off.

Presented by Mr. Tatham.

1942. Two large hydatid cysts, dried; they were connected with the liver, and formed a tumor in the lumbar region.

Presented by Dr. Whiting.

- 1942<sup>50</sup>. Dried hydatid cyst from the left lobe of the liver.

From Ann M'G., aged 36, who died from fever with lobular pneumonia; there was strumous disease of the kidney. She had been subject to epilepsy from childhood.

14. Misc. Inspec. Book, p. 8.

1943. Two large dried hydatid cysts from the liver.

Presented by Dr. Bright.

1944. A large hydatid, found solitary in the liver of a child seven years old.

From a dispensary patient of Dr. Hodgkin's.



1945. Hydatid cysts of various sizes, from the liver and abdomen.

Case of Edward C., admitted under Dr. Cholmeley's care; his abdomen was distended to a large size; it was unequal and hard, and fluctuation could not be detected. On inspection, the abdomen appeared to be filled with hydatid cysts of various sizes; they were connected with the omentum and peritoneum; they penetrated the liver in all directions; others occupied the spleen; on the right side a large hydatid cyst had passed through the diaphragm, and had formed a projecting tumor on its superior surface; on the left side a similar action had been prevented by firm pleural adhesions. The man appeared to have died from apnoea.

Red Inspection Book, p. 170.

1945<sup>20</sup>. A dried hydatid cyst, more or less spherical in form, nearly ten inches in diameter; the dried remains of the gall-bladder are attached to it.

From Thomas L., aged 22, who was under the care of Dr. Bright in Naaman ward. Hydatid cysts of various sizes filled the whole abdomen, and were connected with the omentum and peritoneum; some as large as a child's head. The structure of the kidney was expanded over one of these cysts; others of large size were found in the liver and spleen; on the right side a cyst had protruded through the diaphragm.

See Prep. of kidney, 2022<sup>84</sup>; of hydatid, 2567<sup>80</sup>.

10. Misc. Inspec. Book, p. 8.

1945<sup>40</sup>. Portion of liver, containing a rounded sac about the size of an orange; its tunic round and firm; the cavity contained the remains of hydatid.

From Jane M., aged 44, who died from phthisis. The liver was of normal size, pale and apparently fatty; and there was general peritonitis.

See Prep. of hydatid, 2566<sup>80</sup>. 8. Misc. Inspec. Book, p. 51.

1945<sup>60</sup>. Portion of liver, containing a thick cyst about the size of an orange, apparently situated at the transverse fissure of the liver; the remains of acephalocyst hydatids were found in the sac; the liver was abnormal in form, and of a dirty bilious color; the tissue between the acini greatly thickened (cirrhosis). In the substance of the liver were one or two cavities, supposed abscesses, one containing mortar-like substance and hydatid.

Case of Ann M'C., aged 48, of intemperate habits, who had had ascites and jaundice for two years.

See Preps. 1945<sup>80</sup>, 2261<sup>20</sup> of uterus. 12. Green Inspec. Book, p. 45.

- 1945<sup>80</sup>. Remains of hydatids taken from the cyst seen in the preceding specimen; they had lost their vitality, and were folded together in a mass of discolored grumous matter.
1946. Portion of liver, containing a cyst about the size of a hen's egg, filled with a friable substance and the remains of hydatid membrane.
1947. Remains of a cyst in the liver, about the size of a walnut, containing dead hydatid membranes and a friable substance.
- 1947<sup>14</sup>. Portion of liver, diaphragm, and lung; the liver contains a large irregular cavity, bounded by a very dense fibrous membrane, with a little bony matter; the cyst contained dirty turbid fluid and a little shreddy membrane; the diaphragm and lung are firmly adherent above. It was not quite evident whether this cavity was the remains of hydatid cyst or abscess.
- 1947<sup>28</sup>. A portion of the tough ligamentous membrane with bony matter; removed from the afore-mentioned cavity in the liver; it was tinged with bile of an ochre-yellow color.
- 1947<sup>42</sup>. Portion of liver from the same specimen as Nos. 1947<sup>14</sup> and 1947<sup>28</sup>, with the abdominal parietes adhering to the convex surface; it shows the remains of an abscess which communicated with a sloughing cavity in the liver; it was opened a short time before death.

From William A., aged 40, who was a patient of Dr. Bright's in Luke ward. He had slight jaundice and pain in the side; a flattened tumor about the size of an orange appeared at the scrobiculus cordis; it was soft and fluctuating; it was opened a short time before death, and then very offensive matter escaped. On examination, the abdominal parietes were adherent to the surface of the liver around the orifice; this communicated with a cavity with sloughing parietes; the diaphragm alone separated this from the pericardium; the pericardium was distended with puriform fluid; two other cavities to the right were found as shown in the first specimen. In connection with the mesocolon was a cyst containing hydatids; and it seemed probable that

several cavities in the liver had a similar origin, though such could not be fully established.

See Preps. of lymph from peritoneum, 2434<sup>49</sup>, 2434<sup>50</sup>; hydatid cyst in meso-colon, 2473<sup>50</sup>; and Drawing of meso-colon, 508.

8. Green Inspec. Book, p. 121.

- 1947<sup>56</sup>. Portion of liver with a small ecchymosed spot, extending a short distance below the surface; it was occasioned by the extremity of a fractured rib; the peritoneal surface is unbroken.

It was removed from the body of a man, George B., aged 42, who was kicked from a house while in a state of intoxication. He had fracture of the frontal bone, and second, third, fourth, fifth, and sixth ribs on the right side; there was no injury to the diaphragm, but it appeared that the sixth rib had led to the injury of the liver. The man died from inflammation of the membranes of the brain; pus was effused between the injured frontal bone and the dura mater; the cavernous sinus and ophthalmic veins contained pus. He survived the injury rather more than three weeks.

See Preps. 1054<sup>85</sup>, fractured ribs; 1076<sup>85</sup>, skull; 1592<sup>14</sup>, dura mater; 1725<sup>72</sup>, lungs; and Drawing 348 of liver.

8. Green Inspec. Book, p. 36.

- 1947<sup>70</sup>. Several portions from the walls of a large cyst, found in the posterior part of the liver of a Portuguese; the walls were of dense fibrous structure, and contained irregular ossific plates; it contained fluid of an ochre color and ragged portions of fibre, probably the remains of hydatid cyst.

From Antonio M., who died from chest disease; the cyst appeared to have made pressure upon the cava, and to have led to enlargement of the superficial veins.

See Preps. 420<sup>50</sup> of skin; 1765<sup>50</sup> of lung; and 1947<sup>84</sup> of liver.

10. Green Inspec. Book, p. 160.

- 1947<sup>84</sup>. Portion of liver, containing a large cavity, from which the remains of a cyst, shown in the preceding preparation, had been removed; it was doubtful whether it was the remains of abscess or hydatid disease. It pressed upon the cava; the ductus choledochus was distended and filled with calculi; the base of the lung adhered to the diaphragm, which appeared to have been nearly perforated.

See Preps. 420<sup>50</sup> of skin; 1765<sup>50</sup> of lung; 1947<sup>70</sup> of liver.

9. Green Inspec. Book, p. 160. Case of Antonio M.

1948. Portion of liver, with superficial laceration on its convex surface.

From Eliza S., aged 27, who had fallen from a window. On inspection, considerable effusion of blood was found behind the peritoneum; some also in the cavity, arising principally from fracture of the pelvis; there was also slight laceration of the brain.

4. Green Inspec. Book, p. 42.

1949. Portion of liver, presenting a laceration about three inches in length, and extending for some distance into the substance of the gland.

From a patient of Mr. John Morgan's.

- 1949<sup>32</sup>. Portion of liver, showing several lacerations on the convex surface; the peritoneum was not lacerated, but a considerable quantity of blood was effused between it and the structure of the liver. The peritoneum and clot have been removed from the preparation.

The patient was 35 years of age, and in the ninth month of uterogestation. After eating plum-pudding and tripe, she was seized with violent vomiting, and died in thirty hours; the vomiting was believed to be the cause of the laceration; no blood was effused into the peritoneal cavity.

- 1949<sup>64</sup>. Section of liver from the same subject as the preceding, showing the manner in which a thick layer of blood was interposed between the liver and its peritoneal investment.

1. Note Book, p. 156. Presented by Mr. W. Smith.

1950. Portion of liver, showing a rupture through the lobulus spigelii. Death resulted from hæmorrhage.

1951. Portion of liver, showing an extensive laceration on its convex surface.

- 1951<sup>5</sup>. Portion of liver, showing laceration of the right lobe, extending for three inches from before to behind; the laceration was filled by coagulum and effused lymph; it was undergoing repair; the adjoining parts were paler in color.

From Henry P., aged 25, admitted August, 1856. While at work a crane fell upon him, and fractured the pelvis, the thigh, and arm; he died on the third day; there was minute ecchymosis of the brain structure.

Record of Inspec., 152. 1856.



1951<sup>16</sup>. Portion of liver, showing a thick elongated patch beneath the serous membrane, of a dense white structure, probably the result of inflammation or reparative change following injury.

1951<sup>32</sup>. Portion of liver, with a dense semi-cartilaginous mass, upwards of three inches in length and one in breadth, on its convex surface, and extending about an inch in depth into the substance of the organ; it was supposed to be the result of old external violence.

Case of William S., aged 45. 12. Green Inspec. Book, p. 5.

1951<sup>48</sup>. Portion of liver, containing a needle beneath its peritoneal coat.

1951<sup>56</sup>. Simple hepatic cyst, about one inch in circumference; it is bounded by a thin semi-transparent membrane.

1951<sup>64</sup>. Portion of liver, in which the bile ducts are very greatly dilated; the gall-bladder and its ducts are contracted, with considerable surrounding puckering of the substance of the liver; the ductus choledochus and duodenum are ulcerated.

1951<sup>80</sup>. Portion of liver, with biliary calculi obstructing one of the ducts.

Langstaff's Museum.

1951<sup>85</sup>. Portion of the liver, showing enormous distension of the bile ducts from cancerous obstruction; the pancreatic ducts are also very much dilated; the right semi-lunar ganglion was encroached upon by the cancerous disease.

Case of William H., aged 67, admitted 1856. In early life had been a sailor, and intemperate; he was admitted on account of œdema of the right leg, but was afterwards seized with severe pain in the abdomen, and gradually became jaundiced. He gradually sank six months after admission.

Record of Inspec., 15. 1856.

1952. Liver from a child ten weeks old, to which the gall-bladder is wanting. The infant died from inflammation of the brain.

3. Green Inspec. Book, p. 68.

- 1952<sup>25</sup>. Portion of liver, with the duodenum firmly adherent at the site of the gall-bladder, which appears to have been destroyed by old inflammatory disease and contraction.

The patient, Mr. B., aged 48, had symptoms of gall-stone some time before death. He died from pneumonia.

See Preps. of the lung, 1729<sup>16</sup> and 1729<sup>45</sup>.

8. Green Inspec. Book, p. 28.

- 1952<sup>50</sup>. Portion of liver, with the intestine firmly adherent at the situation of the gall-bladder, which appears to have been destroyed by ulceration; there are marks of old inflammation on the surface of the liver.

- 1952<sup>75</sup>. Portion of liver, with the gall-bladder thickened and very much contracted, but containing two or three gall-stones. The cystic duct nearly or quite obliterated.

1953. Portion of liver, with the gall-bladder contracted to a very small size, and containing some calculi.

- 1953<sup>50</sup>. Portion of liver, with the gall-bladder, the cavity of which is very nearly obliterated, and its parietes very much thickened; at its fundus are some small angular calculi, which appear to have passed through the muscular coat, and are only retained by peritoneum.

Presented by Dr. Stroud.

1954. Gall-bladder and common bile duct dilated, from cancerous disease at the head of the pancreas.

1955. Dilated gall-bladder, with indurated and remarkably small liver.

The patient, Ann N., aged 30, was affected with icterus, accompanied with delirium, and subsequently by coma; the gall-bladder was distended by almost black fluid.

Old Museum Book, No. 244.

- 1955<sup>20</sup>. Gall-bladder, somewhat dilated, thickened, and indurated, with a partial valvular fold of the mucous membrane near its neck.

1955<sup>25</sup>. Portions of the gall-bladder, presenting numerous minute pedunculated growths from the mucous membrane.

Case of Fanny L., aged 52, who died from apoplexy.

19. Misc. Inspec. Book, p. 52.

1955<sup>30</sup>. Part of the neck of a gall-bladder, which was distended to the size of an uterus at term, and was suppurating; it contained no bile; the hepatic duct and common bile duct were free.

1955<sup>31</sup>. Another portion of the same gall-bladder as the preceding.

Case of Samuel W., aged 27, admitted under Dr. Babington's care. He was a plumber. Thirteen months before admission had swelling of the lower extremities, and nine months before admission felt a small tumor in the abdomen, which gradually increased in size. The tumor occupied the right lumbar, and hypochondriac and umbilical regions; severe pain came on in the abdomen a few hours before death. On inspection, the peritoneal cavity contained pus; the cyst was flaccid and nearly surrounded by liver structure; near the kidney a portion of its walls had given way; the cyst, an apparently enormously distended gall-bladder, contained two large wash-hand basins full of reddish, opaque, ropy secretion; no gall-stones were found.

19. Misc. Inspec. Book, p. 183. Guy's Hospital Reports, 1842.

1955<sup>40</sup>. A dried preparation of the gall-bladder, at the fundus of which are three sacculi; in the largest, the furthest removed from the duct, was situated a calculus of considerable size.

Case of William H., aged 75, who died from senile gangrene.

4. Misc. Inspec. Book, p. 86.

1955<sup>60</sup>. Gall-bladder of large size, which had been obstructed by small calculi; its tunics are thickened.

1955<sup>80</sup>. Gall-bladder, the mucous surface of which is strongly developed; its parietes are remarkably thick from abundant loose cellular membrane, which has probably been in state of oedema.

1956. Mucous membrane of the gall-bladder, ulcerated.

1957. Portion of liver with the gall-bladder, on the mucous mem-

brane of which are some old cicatrices; it contained dark-colored flakes.

Case of W. B., aged 50, who died from diseased kidneys.

See Prep. of kidney, 2043, and 1991 of pancreas.

4. Green Inspec. Book, p. 92.

- 1957<sup>50</sup>. Gall-bladder puckered, and presenting several cicatrices on its inner surface; it contained a calculus.

Case of Mrs. R., aged 55, who died from rupture of the left ventricle.

Presented by Mr. J. Smith, Kennington. See Prep. 1400<sup>70</sup>.

1. Note Book, p. 155.

1958. Gall-bladder, with cicatrices in its mucous membrane; it contained black sabulous grains.

Case of George R., aged 40, who died after a fall, producing fractured ribs. See Prep. of biliary calculi, 1967, and of the sterno-clavicular joint, 1292<sup>90</sup>.

5. Green Inspec. Book, p. 138.

- 1958<sup>50</sup>. Portion of liver with the gall-bladder, the latter perforated by ulceration; in the mucous membrane there are several openings of various sizes, but only one appears in the peritoneum; there is considerable thickening and induration about the neck of the gall-bladder and its duct, as well as in the adjoining substance of the liver, in which is a ragged cavity, which appears to have contained a calculus; there is also ulceration of the duodenum.

Presented by Mr. Eben. Pye Smith.

1959. Portion of liver and gall-bladder, with a small angular calculus lodged in the parietes of the latter.

From a lady who died of apoplexy.

1960. Gall-bladder, containing several black calculi.

- 1960<sup>50</sup>. Portion of liver with the gall-bladder, which contains numerous biliary calculi.

- 1960<sup>75</sup>. Gall-bladder contracted around a mass of polygonal calculi a round one is in the cystic duct.

From a patient aged 68. Mr. Bryant's Catal., No. 56.



1961. Gall-bladder, which was filled with numerous biliary calculi; one of the calculi was lodged at the entrance of the duct; the mucous membrane is thickened and somewhat sacculated.

1961<sup>50</sup>. Portion of the duodenum, with the ductus communis choledochus much distended, in consequence of a large gall-stone which obstructs its orifice; the calculus is exposed by a small incision in the duodenum.

Case of Ann C., aged 46, who died from phthisis, &c.

11. Misc. Inspec. Book, p. 24.

1962. Gall-bladder, containing three large dark-colored biliary calculi.

1963. Enlarged gall-bladder, with a large dark-colored calculus, crystalline and adherent.

1963<sup>50</sup>. Portion of liver with the gall-bladder, to the internal surface of which is attached a cancerous growth about an inch in diameter; the liver was very much enlarged, and contained numerous cancerous masses; the hepatic veins were plugged and distended with coagula; there is a cancerous tubercle beneath the peritoneum, near the neck of the gall-bladder.

See vena porta, 1527<sup>75</sup> and 1528<sup>20</sup>. Presented by Dr. Stroud.

1964. Liver containing white cancerous tubercles, and gall-bladder much thickened from the same disease, and ulcerated internally; it contained numerous biliary calculi, consisting of cholesterine.

The patient had cancerous tubercles under the skin.

See Prep. 1981 of biliary calculi. 2, Green Inspec. Book, p. 104.

1964<sup>32</sup>. Cancerous growth from the gall ducts; it put on the appearance of old coagulum, but was found to grow from a larger mass in the gall-bladder; it is still tinged with bile at the point at which the hepatic duct opened.

See Preps. of peritoneum, 2470<sup>28, 32</sup>. 8. Misc. Inspec. Book, p. 148.

1964<sup>64</sup>. Portion of gall-bladder, with a tubercle beneath its peritoneal coat.

Case of Thomas W., aged 44, who died suddenly from dilatation, &c., of the heart.

See Prep. of the heart, 1427<sup>60</sup>. 9. Green Inspec. Book, p. 103.

1965. Obstructed cystic duct, from a child who died of hydrocephalus; the gall-bladder was filled with white transparent mucus.

There was a perforation of the small intestine in the same subject. Preparation 1832.

Case of Richard E. 2. Green Inspec. Book, p. 13.

1966. Nearly colorless and transparent fluid, taken from the gall-bladder of a child who died of hydrocephalus, under the care of Dr. Curry. It appears to have been quite colorless and transparent when removed, but to have become subsequently a little discolored; it was regarded as bile, but is more probably the secretion from the gall-bladder.

- 1966<sup>20</sup>. Gall-bladder dried, and containing several calculi; the common bile duct quite obliterated. The patient had jaundice three months before death.

1. Note Book, p. 1.

- 1966<sup>32</sup>. Portion of liver, with the gall-bladder and its ducts; the cystic duct obstructed about an inch from the bladder; the gall-bladder contained remarkably pale calculi.

Case of Ellen R., aged 22, who died from diseased kidneys.

See Preps. 2035<sup>70</sup>, and of uterus, 2231<sup>16</sup>; also Drawing 373.

10. Green Inspec. Book, p. 86.

- 1966<sup>64</sup>. Portion of liver, gall-bladder, ducts, and duodenum, showing the common bile duct obstructed at its termination by a biliary calculus, and, being much distended, projected into the intestine, forming a sort of prolapsus.

Case of Thomas D., aged 19, affected with chronic jaundice; the spleen was enormously enlarged, weighing 3 lbs. 12 oz.

6. Green Inspec. Book, p. 128.

- 1966<sup>70</sup>. Portion of the duodenum, with the termination of the bile duct obstructed by a large calculus.

- 1966<sup>75</sup>. Portion of liver, showing the bile ducts obstructed by enormous calculi.

Presented by Mr. Stocker.

## BILIARY CALCULI.

1967. Small black biliary calculi, taken from the gall-bladder.

Case of George R., aged 40, who died from a fall fracturing the ribs. Prep. of gall-bladder, 1958; and of sterno-clavicular articulation, 1292<sup>90</sup>.

5. Green Inspec. Book, p. 138.

1968. Two black biliary calculi; they appear to have been subjected to attrition in the gall-bladder.

Analysed by Dr. G. Bird, and found to be composed of inspissated bile, mixed with cholesterine in nearly equal proportions.

1969. Black biliary calculus of about the size of a nutmeg.

1970. Several irregular biliary calculi, described as originally of a dark color.

- 1970<sup>05</sup>. Five biliary calculi, some of them of considerable size, of a dark color externally, and of a friable texture; they appear to consist of inspissated bile mixed with cholesterine.

From a gentleman, aged 55, actively engaged in business. Some time before death troubled with diuresis; five or six months taken very ill with gastric symptoms; a short time before death had pain in his head, and afterwards coma. There was effusion of blood on the dura mater. See 1593<sup>75</sup>, mottled kidneys.

11. Green Inspec. Book, p. 97.

1971. Dark-colored biliary calculus, externally minutely crystallized.

Mary H., aged 45, affected with cancerous disease of the liver, and jaundice.

4. Green Inspec. Book, 124. See Prep. of liver, 1929.

- 1972<sup>50</sup>. Small dark-colored biliary calculi, several of which have a mammillated surface.

1973. Biliary calculi of a mixed character, consisting partly of inspissated bile and partly of cholesterine.

1973<sup>25</sup>. Numerous angular gall-stones of various shapes, and light in color; composed of cholesterine and inspissated bile.

From S. L., aged 55, who died from cancerous disease of the peritoneum.

See Prep. of omentum, 2469<sup>84</sup>; and Drawing 459; of uterus, 2266<sup>42</sup>.

10. Green Inspec. Book, p. 116.

1973<sup>40</sup>. Several pale biliary calculi with smooth facets.

From Mrs. D., who died from cancerous disease of the liver. The gall-duct was obliterated, and the distended gall-bladder compressed the duodenum.

2. Note Book, p. 37. Presented by Mr. D. Tyerman.

1973<sup>50</sup>. Numerous biliary calculi, some rounded, others angular, and consisting of inspissated bile and cholesterine.

Presented by Dr. Stroud.

1973<sup>75</sup>. Four biliary calculi of an irregular shape, composed of cholesterine and inspissated bile.

See Prep. of kidney and renal calculi, 2073<sup>80</sup> and 2218<sup>80</sup>.

Presented by Mr. Camplin, Finsbury Square.

1973<sup>80</sup>. Several irregularly nodulated biliary calculi, black in color, apparently composed of inspissated bile.

1974. Four biliary calculi with smooth facets, the nucleus of inspissated bile, surrounded by cholesterine, by phosphate of lime and fat.

Analysed by Dr. G. Bird.

1974<sup>50</sup>. Small biliary calculi, which had passed through the ducts into the intestines, and were found in the motions.

Mr. Bryant's Catal., No. 73, p. 88.

1975. Numerous small biliary calculi of pale color, probably cholesterine.

1975<sup>32</sup>. A gall-bladder dried, containing several rounded calculi of pale color, composed of cholesterine.

Presented by Mr. H. R. Hillier.



1975<sup>40</sup>. A gall-bladder, containing several large calculi, composed in part of inspissated bile.

1975<sup>50</sup>. A gall-bladder filled with numerous angular calculi.

Presented by Mr. T. W. King.

1975<sup>64</sup>. Gall-bladder with its ducts, dried, and containing very small angular calculi.

Presented by Mr. H. R. Hillier.

1975<sup>82</sup>. Numerous biliary calculi with the gall-bladder dried.

Mr. Bryant's Catal., No. 19, p. 10.

1976. Biliary calculi, composed of cholesterine, inspissated bile, fat, albumen, and phosphate of lime; spec. grav. 1.14.

Analysed by Dr. G. Bird.

1976<sup>50</sup>. A small firm crystalline biliary calculus, composed of cholesterine.

Mr. Bryant's Catal., No. 11, p. 8.

1977. Biliary calculus, consisting of cholesterine. The patient had cancerous disease of the stomach.

Presented by Dr. Alderson.

1977<sup>25</sup>. Biliary calculus, about half an inch in its long axis, consisting chiefly of cholesterine; spec. grav. 0.95.

Analysed by Dr. Bird.

1977<sup>50</sup>. Section of biliary calculus of an ovoid figure, and consisting of nearly pure cholesterine; spec. grav. 0.9.

Analysed by Dr. Bird.

1977<sup>51</sup>. Biliary calculus passed by a man per rectum; he had suffered during many days from severe symptoms of local obstruction.

Presented by Mr. W. H. Turner of Bermondsey.

1977<sup>75</sup>. Several biliary calculi of various sizes, and irregular figures, consisting of impure cholesterine.

Presented by Dr. Stroud.

1977<sup>86</sup>. Six small dark calculi from the gall-bladder.

From Mr. M., who died from disease of the lungs.  
Mr. Bryant's Catal., No. 9, p. 7.

1978. Very large biliary calculus, apparently consisting of cholesterine and some inspissated bile; it entirely filled the gall-bladder, and has taken the impression of it and of the commencement of the cystic duct.

From the body of an elderly lady. Presented by Mr. Callaway.

1978<sup>50</sup>. Biliary calculi, principally consisting of cholesterine, from the ducts of a liver affected with cancerous disease.

See Prep. of the liver, 1920<sup>20, 40</sup>. Presented by Mr. Callaway.

1979. Biliary calculus, consisting chiefly of cholesterine; it was found in the common bile duct.

1979<sup>10</sup>. Biliary calculus, consisting of cholesterine.

From a man aged 44, who died of general paralysis.  
Presented by Dr. Tyerman, Colney Hatch.

1979<sup>20</sup>. Biliary calculi, composed principally of cholesterine.

The upper portion from Margaret W., aged 72, who died from femoral hernia. The lower portions from Esther W., aged 37, who died from suppurating ovarian cyst, &c.

Record of Inspec., No. 31, 1855, and No. 248, 1854.

See Preps. 1859<sup>85</sup> colon, and 2092<sup>80</sup> of uterus.

1980. Biliary calculus, consisting chiefly of cholesterine; well crystallized internally, less so externally, where it is much mixed with coloring matter.

1982. Biliary calculi, consisting chiefly of cholesterine, but having a dark-colored nucleus.

1983. Biliary calculus, consisting chiefly of cholesterine, of an elongated figure, and mammillated on its surface.

1984. Numerous angular biliary calculi, consisting of inspissated bile, and covered with a crust of cholesterine mixed with fat.

Analysed by Dr. G. Bird.

- 1985<sup>25</sup>. Four biliary calculi of a dark color, with several smooth facets.

From William S., aged 48, an actor, of intemperate habits, who died from cerebral disease.

See Prep. of tumor on the neck, 1395<sup>60</sup>; of brain, 1564<sup>76</sup>, 1585<sup>26</sup>; and of heart, 1655<sup>30</sup>. 9. Green Inspec. Book, p. 63.

- 1985<sup>50</sup>. Biliary calculus of the size of a small walnut; it appears to consist chiefly of cholesterine.

- 1985<sup>75</sup>. Biliary calculus of the size of a small walnut; it appears to consist chiefly of cholesterine.

1986. Biliary calculus lodged in the ileum, which caused death by enteritis.

- 1986<sup>50</sup>. Two biliary calculi, which led to fatal obstruction.

Presented by Dr. Addison.

- 1986<sup>55</sup>. Large biliary calculus, firmly impacted about thirty inches from the pylorus, which led to fatal obstruction on the sixth day.

Case of Mrs. S., aged 59, a very stout woman. Three months before death had pain in the side, with febrile symptoms; vomiting came on six days before death; there was no abdominal pain or tympanitis, and the urine was moderate in quantity. On inspection, at the lower surface of the liver were found fibrinous adhesions; the gall-bladder was almost obliterated, adherent to the duodenum and ulcerated; the opening into the duodenum was below the bile duct.

Presented by Mr. Pye Smith.

1987. Two very large biliary calculi, the one nearly globular, the other conical, but concave at its base to fit the former. They appear to have filled the gall-bladder, and to consist of cholesterine. They were passed per anum by a middle-aged lady, who afterwards enjoyed good health.

Presented by Mr. T. Newington of Spital Square.

- 1987<sup>32</sup>. Two biliary calculi, which made their escape by an abscess at the umbilicus.

From a female patient of Mr. Callaway's, and presented by him.

1987<sup>50</sup>. Numerous biliary calculi, of various sizes and irregular shapes.

Presented by Dr. Gull.

1987<sup>51</sup>. Numerous minute biliary calculi.

Presented by Dr. Gull.

1987<sup>52</sup>. Several biliary calculi, composed partly of inspissated bile.

Presented by Dr. Gull.

1987<sup>55</sup>. Three biliary calculi, mammillated and composed of cholesterine.

Taken from the gall-bladder of a man, aged 56, who died from suppurative inflammation of the kidneys, and calculus in the urinary bladder; the vesical calculus was removed the day before his death by Mr. Cock.

Record of Inspec., 119. 1856.

#### PANCREAS.

1987<sup>64</sup>. Pancreas of remarkably small, and somewhat irregular figure.

1987<sup>82</sup>. Portion of pancreas, a part of which is described as tumid and gelatinous, the rest gangrenous.

1987<sup>83</sup>. Portion of the same pancreas as 1987<sup>82</sup>, in a state of gangrene.

1987<sup>84</sup>. Another portion in a similar condition.

1987<sup>85</sup>. Soft parts from the neighbourhood of the same pancreas; many lobules of fat appear as if changed into adipocere.

1988. Head of the pancreas, greatly enlarged by cancerous disease; the pancreatic duct much distended, but nearly closed at its opening into the intestine.

1988<sup>50</sup>. The duodenum and pancreas, the latter contracted and indurated; its duct is exposed and much dilated.

Presented by Dr. Bright.



1988<sup>75</sup>. Hard cancerous infiltration of the head of the pancreas; there is a small growth in the splenic vein.

1988<sup>76</sup>. Cancerous infiltration of the head of the pancreas; a portion of the liver and of the duodenum are attached, showing firm adhesion, and disease of the adjoining glands.

Case of Jane B., aged 60; admitted August, 1855. She had been ill for nine months; the first symptom was dysphagia, and on admission a tumor could be felt at the scrobiculus cordis; the vomiting was occasionally very distressing; she gradually sank.

Record of Inspec., 1856, No. 70. See Prep. of œsophagus, 1793<sup>33</sup>.  
Guy's Reports, 1856, p. 224.

1989. Pancreas affected with cancerous disease (scirrhus); the pancreatic and biliary ducts much enlarged.

1989<sup>50</sup>. Part of the pancreas and spleen; the pancreas is of irregular figure, much contracted towards the spleen; it was considerably indurated, and its duct almost obliterated; it was implicated in a mass of glands enlarged by cancerous disease; there was also cancerous disease of the small intestine.

Case of Mary G., aged 23. Her most marked symptoms were an irritable condition of the stomach, and fatty stools.

See Prep. 1845<sup>9</sup>. 10. Green Inspec. Book, p. 163.

1989<sup>75</sup>. Pancreas, the head of which is affected with soft vascular cancer, and a peduncular growth was also found in the splenic vein.

1990. Portion of the stomach and duodenum, showing a small gland, in structure resembling the pancreas, but without any duct, situated under the mucous membrane of the stomach, about three inches from the pylorus; the pancreas itself normal.

From John B., who died in the hospital from apoplexy and diseased vessels. See Prep. 1463.

4. Green Inspec. Book, p. 60.

1990<sup>50</sup>. Part of a duodenum and pancreas, with two pancreatic ducts; one opening with the bile duct, the other, the

smaller, terminates about an inch and a half from it, and belongs to a supplementary pancreas. The first was filled with bile.

From James J., aged 34, who died from Asiatic cholera, 1832.

3. Misc. Inspec. Book, p. 132.

1990<sup>55</sup>. Colloid infiltration of nearly the whole of the pancreas.

Case of John C., aged 56, under Dr. Wilks' and Dr. Rees' care, with pain in the back and abdomen; a tumor in the umbilical region was felt before death; his emaciation was extreme; the bowels were constipated; the omentum was infiltrated with cancer.

Record of Inspec., No. 221. 1854.

1991. Pancreas, containing two or three large cysts, which were filled with fluid resembling turbid saliva; but no communication with the duct could be detected.

Case of W. B., aged 50, who died from diseased kidneys, see Prep. 2043; there were also cicatrices in the gall-bladder, see Prep. 1957.

4. Green Inspec. Book, p. 92. Presented by Dr. Babington.

1991<sup>32</sup>. Portion of liver, containing numerous cancerous masses, several of a yellow color, and one of them in a state of softening, communicating with the duodenum; the biliary ducts in the liver greatly enlarged; the gall-bladder thickened and ulcerated; the pancreas partially indurated and contracted, its duct obstructed near its termination; it is elsewhere distended to the size of a goose quill.

The patient, William D., aged 47, died from obstinate jaundice.

6. Green Inspec. Book, p. 111.

1991<sup>64</sup>. Cicatrix in the stomach, with a sinuous opening from the pancreatic duct; the duodenal orifice remains free.

Presented by Dr. Bright.

1991<sup>80</sup>. Head of the pancreas, its duct dilated and containing calculi.

From James A., aged 48, who died from epilepsy and diabetes.

18. Misc. Inspec. Book, p. 230.

1992. Small pancreatic calculus.

1992<sup>50</sup>. Small pancreatic calculi, rounded, white, and granular;

consisting of oxalate of lime, phosphate of lime, and phosphate of magnesia.

Analysed by Dr. G. Bird.      Presented by Mr. Hilton.

### SPLEEN.

1993. Small spleen, much notched, with a small supernumerary spleen.

1993<sup>20</sup>. Small spleen, weighing at the time of inspection only two ounces.

Case of Thomas S., aged 50; admitted under Dr. Bright's care with urgent dyspnœa and anasarca; coma followed. On inspection, blood was found effused between the dura mater and arachnoid. Prep. 1593<sup>60</sup>, and Drawing 79. The kidneys were small and much degenerated.

Prep. of bronchi, 1717<sup>64</sup>.      7. Green Inspec. Book, p. 1.

1993<sup>40</sup>. Spleen, cleft with numerous deep fissures, and remarkably small in size, weighing only 1 oz. 5 dr. 4 gr.

Case of Mary M., aged 50. A year before her death, Dr. Blundell removed the uterus for cancerous disease of that organ; she died from insuperable constipation.

See Drawing of the vagina, 395; and of the position of the abdominal viscera, 393. Prep. of viscera of pelvis, 2259<sup>20</sup>; and of atrophied kidney, 2022<sup>14</sup>.

7. Green Inspec. Book, p. 137.

1993<sup>60</sup>. Spleen, considerably enlarged, and having numerous deep clefts; there are two small accessory spleens, with a portion of omentum attached to them.

1993<sup>80</sup>. Small accessory spleen imbedded in the substance of the pancreas.

1994. Hypertrophied spleen, weighing 5 lbs. 14 oz.

From Mary T., aged 41, who had ascites, hypertrophy of the heart, &c.  
Old Museum Book, No. 100.

1994<sup>50</sup>. Hypertrophy of the spleen; the specimen is injected.

From a married woman, aged 28, of intemperate habits. When the abdomen began to swell, two years before death, she had cessation of menses, and nausea in the morning; and she was believed to be pregnant: this was found not to be the case on vaginal examination. General anasarca came on before death.

Presented by Mr. Chapman. 18. Misc. Inspec. Book, p. 70.

1995. Spleen indurated and enlarged; the liver, which forms a part of the preparation, is very much indurated and contracted, and its figure very much contorted and tuberosc.

1996. Spleen enormously enlarged.

From a patient of Dr. Curry's. Old Museum Book, No. 101.

- 1996<sup>25</sup>. Section of an enormously enlarged spleen.

From a patient who died from hæmorrhage.

Presented by Mr. B. B. Cooper.

- 1996<sup>50</sup>. Portion of spleen, with a remarkable foramen, through which a portion of omentum passes.

- 1996<sup>75</sup>. Portion of spleen, which appears to have been macerated.

1999. Spleen somewhat enlarged, and containing an abscess which discharged itself into the transverse arch of the colon.

Case of Ann C., aged 25, admitted under Dr. Bright's care in 1825. She was much emaciated, of peculiar sallow complexion, and anxious countenance; she had great uneasiness and pain in the abdomen, more particularly at the scrobiculus cordis and right hypochondrium; food increased the pain; the vomiting was constant, sometimes directly after the food had been taken; there was also occasional bilious vomiting; tongue dry and glossy; she gradually sank. On inspection, the lungs and heart were found to be sound; the liver was hard and granular; the spleen firmly adherent to the transverse colon; there was also an abscess in the left ovary.

See Guy's Reports, 1838, p. 426; and Mr. Key's Record of Inspections.

- 1999<sup>25</sup>. An enlarged spleen, containing a cavity of considerable size, produced by an abscess.

From a patient of Dr. Bright's.

- 1999<sup>50</sup>. Spleen with part of the liver and diaphragm attached; there was a circumscribed cavity occupying the greater part of the convex portion of the spleen, which was superficially soft-



ened and gangrenous; the cardiac extremity of the stomach was perforated, but the opening was blocked by lymph; the iliac and femoral veins and the cava contained yellowish-white coagula, with purulent-looking fluid.

From Ann H., aged 21, admitted under Dr. Bright's care, January, 1829. She was a housemaid, and had been repeatedly bled for supposed carditis; her chief symptoms were depression and vomiting.

Guy's Reports, 1838, p. 428. 7. Green Inspec. Book, p. 121.

- 1999<sup>75</sup>. Spleen, in which were numerous ecchymosed spots; they were placed transversely, and believed to be referable to external injury.

From Mary H., who was admitted into Guy's with mania.

10. Green Inspec. Book, p. 103.

2000. Section of a spleen, showing a circumscribed yellowish-white fibrinous effusion (apoplexy).

From James S., aged 32, a muscular sailor, admitted in 1827. For three weeks he had suffered from urgent dyspnoea; the pulse exceedingly rapid and intermittent; the mitral valve was found to be contracted and ossific.

2. Green Inspec. Book, p. 32.

2001. Section of spleen, showing circumscribed fibrinous effusion (apoplexy).

From James S. See preceding No. 2000.

2002. Spleen, presenting a circumscribed fibrinous effusion, extending to the surface of the spleen; it is bounded by a defined line and slight depression; there are also a few semi-cartilaginous spots on the surface.

From William H., aged 46, admitted with anasarca and epilepsy. The kidneys were found mottled and degenerated; inflammation of arachnoid pleura and pericardium; the cardiac valves healthy.

3. Green Inspec. Book, p. 64.

2003. Section of spleen, presenting fibrinous effusion, rather less defined and circumscribed than in the preceding specimens.

From Daniel P., aged 34, who died from renal anasarca; the valves of the heart stated to be healthy.

See Prep. of liver, 1913. 1. Green Inspec. Book, p. 157.

- 2003<sup>50</sup>. Spleen, with a puckered depression on its convex surface, corresponding with a deeply imbedded indurated portion placed transversely; it appeared to be the advanced state of fibrinous effusion (apoplexy).

From George L., aged 38, who died from pneumonia. There were vegetations on the surface of the mitral.

11. Green Inspec. Book, p. 172.

- 2004<sup>25</sup>. Spleen, in which there is partial softening and fibrinous condensation; the softening appears to be the disintegration of fibrinous or apoplectic effusion.

From Martha N., aged 25, admitted 1828. The heart was dilated, but the valves are stated to have been healthy; kidneys pale, and contained a white fibrinous mass.

6. Green Inspec. Book, p. 149.

- 2004<sup>30</sup>. Spleen, in which there is nearly general disintegration, from obstruction of the artery, effused fibrin, and softening.

Case of John E., aged 46, admitted under Mr. Hilton's care, October, 1854. Three years before he had a small tumor at the lower part of the neck; this increased in size, and sloughed; a portion of slough was removed, and was followed by much hæmorrhage and death. On inspection, the thyroid was found to consist of a mass of cancerous nuclei; Prep. 1711<sup>85</sup>. There were vegetations on the aortic valves, 1417<sup>5</sup>, softened in the centre. See Drawing of spleen, 350<sup>51</sup>, and 350<sup>52</sup>.

Record of Inspec., No. 214. 1854.

2005. Spleen, degenerated with lardaceous deposit throughout the substance.

Case of James D., aged 18; admitted under Mr. Hilton's care, 1856, with chronic disease of the hip; abscesses formed around the joint, and dysenteric diarrhœa came on. On inspection, there was minute granular deposit on the pleura, but no true tubercles; the liver was lardaceous, Prep. 1896<sup>25</sup>; so also the kidneys.

Record of Inspec., No. 71. 1856.

- 2005<sup>25</sup>. Section of a spleen, with lardaceous deposit throughout its substance.

Case of Ann O., aged 47; admitted into Patience ward with syphilitic disease of the bones of the face; became gradually semi-comatose. On inspection, the kidneys were found to be white and mottled; the capsule of the liver contracted; there was no disease of lungs or heart.

Record of Inspection, No. 54. 1855.

- 2005<sup>50</sup>. Section of a spleen greatly enlarged, with numerous semi-transparent lardaceous masses throughout its substance.

Case of William B., aged 30; admitted with suppuration in the axilla after syphilis; four months before his death ascites came on. The kidneys were slightly mottled; the liver shrunken, irregular, and apparently lardaceous; many of the lymphatic glands were enlarged at the apex of the lung was a calcareous mass.

1. Misc. Inspec. Book, p. 101.

- 2005<sup>75</sup>. Section of a spleen, in which semi-transparent lardaceous deposit is almost general.

- 2006<sup>64</sup>. Spleen, with numerous miliary tubercles scattered throughout its substance. The lungs of the same child were loaded with miliary tubercles.

See Prep. 1735<sup>25</sup>. Presented by Sir A. Cooper.

2007. Portions of spleen, liver, and lungs, containing strumous tubercles.

From a negro, who died under Dr. Cholmeley's care with symptoms of phthisis.

Old Museum Book, No. 6.

2008. Spleen containing numerous strumous tubercles.

From a native of Owyhee, who was admitted into Guy's with a large abscess, from suppurating glands in the axilla; the mesenteric glands were enlarged, and there were miliary tubercles in the lungs.

See Preps. of skin, No. 420 and No. 422; and skeleton, No. 890.

1. Green Inspec. Book, p. 22.

- 2008<sup>50</sup>. Spleen, very thickly studded with strumous tubercles.

From George B., aged 6, who, about two months after measles, suffered from cough, and gradually emaciated. On admission there were signs of bronchitis. On inspection, tubercles were found in the lungs, see Prep. 1737<sup>25</sup>; in the liver, Prep. 1915; and in the kidneys. None in the brain.

Record of Inspec., 1856. No. 182.

- 2008<sup>55</sup>. Section of spleen, showing numerous minute strumous tubercles; one portion had broken down, and formed an abscess; there was tubercular disease of the lungs, glands, and of the liver.

Case of William R., aged 37; admitted under Dr. Hughes' care, February, 1856. He had been a sailor, and was exceedingly ill on admission; was semi-jaundiced, and passed into a typhoid condition.

Prep. 1915<sup>25</sup>. Record of Inspec., No. 47. 1856.

2009. Spleen, and part of the pancreas, containing numerous small white tubercles, hard and firm in structure. The absorbent glands of the pancreas enlarged and indurated.

From Joseph S., about 9 years of age, admitted with ascites; his brother had died from phthisis. There were a few tubercles in the arachnoid and in the lungs, and peritonitis. See Prep. of absorbent lumbar glands, 1558.

1. Green Inspec. Book, p. 107.

- 2009<sup>50</sup>. Section of a much-enlarged spleen, loaded with numerous tubercles of various sizes, and of a firm white texture.

Case of Ellenborough K., aged 10. There were enlarged glands in the neck. See Prep. 1541<sup>12</sup>. Some of the mesenteric glands were slightly enlarged. There were no tubercles in the lungs.

6. Green Inspec. Book, p. 156.

2010. Portion of spleen, with two small rounded masses of bone imbedded in its substance. (Phlebolithe?)

- 2010<sup>25</sup>. Sections of spleen containing minute globular ossicles.

- 2010<sup>50</sup>. Spleen, with several irregular cells, the largest of which is about the size of a pigeon's egg. They appear to be dilations of natural structure, rather than hydatid cysts.

Case of Charles B., aged 45, who died from phthisis. See Prep. of lungs, 1742<sup>24</sup>.

10. Green Inspec. Book, p. 11.

2011. Spleen, with a tubercle, apparently cancerous, imbedded in its substance.

- 2011<sup>50</sup>. Section of a spleen, with a large fungoid tubercle in its substance.

Case of Ann B., about 35 years of age, with cancerous disease of the liver, omentum, &c. See Prep. of liver, 1928<sup>32</sup>; of uterus, 2266<sup>48</sup>, 2266<sup>54</sup>; of omentum, 2469<sup>28</sup>; and Drawing of uterus, 397.

8. Green Inspec. Book, p. 59.



2012. Enlarged spleen, containing a circumscribed cancerous tumor.

From a man who had paraplegia from cancerous disease of the vertebræ. See Prep. of spine, 1028; of sternum, 1042; of pericardium, 1449; of glands, 1554, 1548; of pleura, 1782.

Mr. Key's Record of Inspections.

- 2012<sup>25</sup>. Section of a spleen enlarged, and containing many small cancerous tubercles.

- 2012<sup>50</sup>. Portion of spleen, containing melanotic tumor.

From the body of a young European female who died at St. Vincent's. The disease commenced in one of the mammæ, which was extirpated, but she sank soon afterwards.

Fort Pit Museum.

2013. Spleen, with a dense fibrinous contraction on the surface, resembling cartilage. There is a considerable puckered depression at the part.

Case of Sarah K., aged 30, who died from psoas, abscess, and phthisis.

4. Green Inspec. Book, p. 102.

- 2013<sup>25</sup>. Spleen, with dense fibrinous thickening on its surface.

Presented by Mr. B. B. Cooper.

- 2013<sup>50</sup>. Portion of spleen, with dense fibrinous thickening on its convex surface.

- 2013<sup>75</sup>. Spleen, with a remarkably thick fibrinous patch on its convex surface.

From Elizabeth C., who died from hernia. See intestine, 1826<sup>40</sup>.

9. Green Inspec. Book, p. 1.

2014. Spleen, with a dense fibrinous patch on its surface.

2015. Spleen, somewhat enlarged, with a dense fibrinous patch of considerable size on its surface. There is some laceration of the substance, but this was post-mortem.

2017. Spleen of a child, ruptured by a cart passing over the body. The child lived nearly two days.

Case of Ann F., aged 9; the thigh was also fractured. Follicles of intestine, Prep. 726.

1. Green Inspec. Book, p. 72.

2018. Spleen, which had been lacerated a week before death; the wound was about one and a half inches long, and was filled with firm, hard coagulum, partly decolorized. It somewhat resembled splenic apoplexy in heart disease.

From Elizabeth F., aged 45; admitted under Mr. Hilton's care, May, 1855. She was riding upon a van with goods and fell upon the ground, and a chest of drawers fell upon her; the leg, ribs, and clavicle were fractured, and the liver ruptured.

Record of Inspec., No. 101. 1855.

2019. Spleen, lacerated and broken down from an accident.

From a child, aged about 12, who survived about three quarters of an hour.

- 2019<sup>50</sup>. Spleen, ruptured by an accident, which the patient survived twelve days. A large coagulum of blood formed within the tunic, and there are numerous peritoneal adhesions in the immediate neighbourhood, but sanguineous effusion ultimately took place; there is a chronic ulcer of the stomach near the lesser curvature.

Case of Thomas S., admitted in 1830 under Mr. Morgan's care. A carriage had passed over his body; three of the ribs on the left side were fractured.

10. Green Inspec. Book, p. 36. See Drawing of spleen, 353.

PATHOLOGICAL CATALOGUE

OF THE

MUSEUM OF GUY'S HOSPITAL.

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DISEASES OF THE SUPRARENAL CAPSULES, URINARY,  
AND MALE GENITAL ORGANS.

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## CALCULI.

The following arrangement is somewhat after the manner of that adopted at the Royal College of Surgeons, giving simply the composition of the calculus, commencing with the nucleus.

Series 1. Uric Acid.\*

“ 2. Urate of Ammonia.

“ 3. Oxalate of Lime.

“ 4. Cystic Oxide.

“ 5. Xanthic Oxide.

“ 6. Phosphate of Lime.

“ 7. Phosphate of Magnesia and Ammonia.

“ 8. Fusible Calculus.

“ 9. Carbonate of Lime.

### SERIES I—CALCULI, OF WHICH THE NUCLEUS CONSISTS OF URIC ACID.

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It will be seen that the later chemists have mostly substituted the term uric for lithic acid.

2129, 2130, 2131, 2132, 2133, 2135, 2150<sup>79</sup>, 2213<sup>4</sup>, 2213<sup>11</sup>, 2213<sup>21</sup>, 2213<sup>22</sup>, 2213<sup>83</sup>, 2214<sup>23</sup>, 2214<sup>25</sup>, 2214<sup>35</sup>, 2214<sup>41</sup>, 2215<sup>32</sup>, 2215<sup>33</sup>, 2216<sup>9</sup>, 2216<sup>10</sup>, 2216<sup>11</sup>, 2216<sup>12</sup>, 2216<sup>14</sup>, 2216<sup>19</sup>, 2216<sup>20</sup>, 2216<sup>22</sup>, 2216<sup>26</sup>, 2216<sup>27</sup>, 2216<sup>32</sup>, 2216<sup>36</sup>, 2216<sup>37</sup>, 2216<sup>40</sup>, 2216<sup>42</sup>, 2216<sup>53</sup>, 2216<sup>55</sup>, 2216<sup>57</sup>, 2216<sup>59</sup>, 2216<sup>60</sup>, 2216<sup>61</sup>, 2217<sup>18</sup>, 2217<sup>19</sup>, 2217<sup>22</sup>, 2217<sup>28</sup>, 2217<sup>32</sup>, 2217<sup>73</sup>, 2217<sup>89</sup>, 2217<sup>61</sup>, 2217<sup>68</sup>, 2217<sup>66</sup>, 2221<sup>5</sup>, 2221<sup>6</sup>, 2221<sup>12</sup>.

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Urate of ammonia, oxalate of lime, urate of ammonia.

Urate of ammonia, oxalate of lime, earthy phosphates, 2142<sup>20</sup>, 2214<sup>6</sup>, 2214<sup>7</sup>, 2214<sup>9</sup>, 2214<sup>11</sup>, 2214<sup>13</sup>, 2214<sup>15</sup>, 2214<sup>17</sup>, 2214<sup>20</sup>, 2214<sup>27</sup>, 2214<sup>28</sup>, 2214<sup>30</sup>, 2214<sup>33</sup>, 2214<sup>40</sup>.

The same, with urate of lime, 2213<sup>5</sup>.

Urate of ammonia, urate of lime, phosphates, 2214<sup>46</sup>.

Urate of lime and phosphates, 2154<sup>36</sup>.

Urate of soda, 2137.

#### SERIES III—NUCLEUS, OXALATE OF LIME.

Oxalate of lime, 2138, 2138<sup>14</sup>, 2138<sup>28</sup>, 2138<sup>30</sup>, 2138<sup>42</sup>, 2138<sup>66</sup>, 2138<sup>70</sup>, 2138<sup>84</sup>, 2139, 2139<sup>25</sup>, 2139<sup>35</sup>, 2139<sup>60</sup>, 2139<sup>75</sup>, 2140, 2140<sup>50</sup>, 2141, 2142, 2142<sup>15</sup>, 2215<sup>7</sup>, 2215<sup>36</sup>, 2216<sup>13</sup>, 2216<sup>41</sup>, 2216<sup>50</sup>, 2217<sup>27</sup>, 2217<sup>29</sup>, 2217<sup>37</sup>, 2217<sup>62</sup>, 2221<sup>10</sup>.

Oxalate of lime, uric acid, 2174, 2175, 2203, 2210, 2214<sup>37</sup>, 2216<sup>7</sup>, 2216<sup>18</sup>.

Oxalate of lime, urate of ammonia.

Oxalate of lime, earthy phosphates, 2138<sup>60</sup>, 2142<sup>30</sup>, 2142<sup>40</sup>, 2155, 2188, 2188<sup>35</sup>, 2188<sup>70</sup>, 2189, 2190, 2191, 2191<sup>10</sup>, 2191<sup>20</sup>, 2213<sup>82</sup>, 2214<sup>42</sup>, 2216<sup>5</sup>, 2216<sup>51</sup>, <sup>52</sup>.

Oxalate of lime, uric acid, urate of ammonia, 2174<sup>25</sup>.

Oxalate of lime, uric acid, oxalate of lime, 2221<sup>11</sup>.

Oxalate of lime, uric acid, earthy phosphates, 2191<sup>60</sup>, 2193, 2194, 2201<sup>70</sup>, 2202, 2206<sup>70</sup>, 2206<sup>84</sup>, 2214<sup>31</sup>, 2215<sup>27</sup>.

The same, with urate of ammonia, 2213<sup>80</sup>, 2213<sup>85</sup>.

Oxalate of lime, urate of ammonia, uric acid.

Oxalate of lime, urate of ammonia, oxalate of lime.

Oxalate of lime, urate of ammonia, carbonate of lime, 2116<sup>38</sup>, 2203<sup>80</sup>.

Oxalate of lime, urate of ammonia, earthy phosphates, 2142<sup>25</sup>, 2174<sup>50</sup>, 2197, 2203<sup>60</sup>.

The same, with urate of soda, 2212<sup>70</sup>; and, with the addition of uric acid, 2215<sup>22</sup>.

The same, with urates of lime and urate of soda, 2212<sup>80</sup>.

Oxalate of lime, succeeded by four or more layers.

#### SERIES IV—CYSTIC OXIDE.

2143, 2144, 2145, 2145<sup>35</sup>, 2145<sup>70</sup>, 2168.

#### SERIES V—XANTHIC OXIDE.

2145<sup>90</sup>.

SERIES VI—PHOSPHATE OF LIME.

2148, 2149, 2150, 2150<sup>50</sup>, 2151, 2151<sup>25</sup>, 2159<sup>50</sup>, 2215<sup>16</sup>, 2215<sup>19</sup>, 2217<sup>20</sup>, 2217<sup>25</sup>, 2217<sup>31</sup>.

SERIES VII—PHOSPHATE OF MAGNESIA AND AMMONIA (TRIPLE).

2151<sup>70</sup>, 2152, 2153, 2154, 2154<sup>12</sup>, 2154<sup>24</sup>, 2154<sup>48</sup>, 2212.

SERIES VIII—PHOSPHATE OF MAGNESIA AND AMMONIA, WITH PHOSPHATE OF LIME (FUSIBLE).

2154<sup>60</sup>, 2154<sup>72</sup>, 2154<sup>84</sup>, 2155<sup>60</sup>, 2156, 2157, 2158, 2158<sup>60</sup>, 2159, 2160, 2160<sup>60</sup>, 2161, 2162, 2163, 2164, 2164<sup>60</sup>, 2211, 2215<sup>16</sup>, 2216<sup>24</sup>, 2216<sup>25</sup>, 2216<sup>28</sup>, 2216<sup>35</sup>, 2216<sup>39</sup>, 2217<sup>17</sup>, 2217<sup>44</sup>.

SERIES IX—CARBONATE OF LIME.

2182<sup>70</sup>.

Coating others, several specimens.

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Foreign bodies coated with calculous matter, 2146, 2147, 2147<sup>60</sup>, 2147<sup>61</sup>, 2152, 2213<sup>23</sup>, 2213<sup>24</sup>, 2213<sup>25</sup>, 2213<sup>26</sup>, 2214<sup>36</sup>, 2217<sup>21</sup>, 2217<sup>38</sup>, 2217<sup>48</sup>, 2219<sup>12</sup>.

Casts of calculi, 2191<sup>20</sup>, 2213<sup>12</sup>, 2213<sup>13</sup>, 2213<sup>14</sup>, 2213<sup>15</sup>, 2213<sup>16</sup>, 2213<sup>17</sup>, 2213<sup>18</sup>, 2213<sup>20</sup>, 2216<sup>8</sup>.

Soft calculi, 2091<sup>67</sup>, 2091<sup>68</sup>.

Other calculi not analyzed, about 100 in number.

See also calculi in bladder and urethra; renal calculi, separate and *in situ*; and prostatic calculi, separate and *in situ*.

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## MALE GENITAL ORGANS.

### TESTIS.

UNDESCENDED, 2339, 2339<sup>12</sup>, 2339<sup>25</sup>, 2339<sup>60</sup>.

ATROPHY, 2339<sup>75</sup>.

INFLAMMATION AND EFFECTS.

Suppuration, with fungus, 2341, 2342, 2344, 2344<sup>10</sup>, 2354, 2350.

Chronic or fibrous enlargement, 2340, 2350.

Chronic deposits, probably syphilitic, 2351<sup>35</sup>, 2351<sup>67</sup>, 2351<sup>68</sup>.

Do. doubtfully scrofulous, 2345, 2346, 2349, 2349<sup>45</sup>, 2349<sup>60</sup>, 2351<sup>70</sup>.

TUBERCLE, 2343, 2350<sup>10</sup>, 2351<sup>60</sup>, 2351<sup>66</sup>, 2351<sup>72</sup>, 2354<sup>20</sup>.

EARTHY MATTER, 2351<sup>25</sup>, 2351<sup>37</sup>, 2351<sup>60</sup>.

FIBRO-PLASTIC, 2353<sup>60</sup>, and under Cysto-sarcoma.

CYSTO-SARCOMA, OR FIBRO-CYSTIC DISEASE, 2352, 2352<sup>10</sup>, 2352<sup>20</sup>, 2352<sup>50</sup>, 2353, 2360, 2361<sup>90</sup> (?).

CARCINOMA.

Scirrhus, 2351<sup>70</sup>, 2352.

Medullary, 2356, 2357, 2358<sup>50</sup>, 2359, 2360<sup>50</sup>, 2361, 2361<sup>25</sup>, 2361<sup>50</sup>, 2361<sup>75</sup>, 2361<sup>80</sup>, 2361<sup>85</sup>, 2361<sup>90</sup>.

ENCHONDROMA, 2362, 2353<sup>50</sup>.

#### EPIDIDYMIS.

TUBERCLE, 2363, 2363<sup>5</sup>, 2363<sup>50</sup>, 2365<sup>50</sup>.

CARCINOMA, 2365.

#### VAS DEFERENS AND VESICULÆ SEMINALES.

INJECTED SPECIMEN, 2366.

PORTION REMOVED IN OPERATION, 2367<sup>25</sup>.

ATROPHY, 2366<sup>50</sup>, 2367<sup>50</sup>, 2367<sup>70</sup>.

OSSIFIC DEPOSIT, 2367<sup>44</sup>.

TUBERCLE, 2367, 2367<sup>90</sup>.

FIBRO-PLASTIC TUMOR, 2367<sup>20</sup>.

CARCINOMA, 2366<sup>25</sup>.

MELANOSIS, 2367<sup>80</sup>.

CALCULI, 2367<sup>95</sup>.

#### TUNICA VAGINALIS.

IMPERFECT DEVELOPMENT, 2268, 2369, 2377.

INFLAMMATION AND EFFECTS.

Sloughing, 2381<sup>75</sup>.

Effused lymph and adhesions, 2375, 2376, 2378, 2379, 2379<sup>10</sup>, 2380, 2381, 2381<sup>25</sup>, 2381<sup>50</sup>.

HYDROCELE, 2370, 2370<sup>50</sup>, 2371, 2371<sup>50</sup>, 2372, 2372<sup>35</sup>, 2373, 2374, 2375, 2376, 2378<sup>50</sup>, 2379, 2381<sup>75</sup>, 2382<sup>50</sup>.

HYDROCELE OF CORD, 2369<sup>50</sup>, 2372<sup>70</sup>, 2378, 2371.

ENCYSTED HYDROCELE, 2377, 2385<sup>50</sup>.

TUNICA VAGINALIS OSSIFIED, 2363, 2382<sup>50</sup>, 2383.

LOOSE BODY IN SAC, 2381<sup>50</sup>, 2382, 2382<sup>25</sup>.

HÆMATOCELE, 2351<sup>75</sup>, 2384, 2384<sup>20</sup>, 2384<sup>40</sup>, 2384<sup>60</sup>, 2385.

#### SCROTUM.

CHIMNEY-SWEEPERS' CANCER, 2386, 2386<sup>50</sup>, 2387, 2387<sup>35</sup>, 2387<sup>70</sup>.

#### PROSTATE.

HYPERTROPHY, 2387<sup>55</sup>, 2388<sup>62</sup>, 2389, 2389<sup>35</sup>, 2389<sup>70</sup>, 2389<sup>75</sup>, 2389<sup>80</sup>, 2390, 2391, 2391<sup>25</sup>, 2391<sup>50</sup>, and several under Bladder.

ABSCCESS, 2391<sup>55</sup>, 2412<sup>47</sup>.

PERFORATION BY CATHETER, 2389<sup>70</sup>, 2389<sup>80</sup>, 2391, 2391<sup>50</sup>.

SACCUATED, 2398, 2398<sup>25</sup>, 2398<sup>40</sup>, 2398<sup>80</sup>, 2393.

TUBERCLE, 2392, 2393, 2393<sup>75</sup>, 2367<sup>98</sup>.

CALCULI IN DUCTS, 2394, 2394<sup>50</sup>, 2394<sup>60</sup>, 2394<sup>70</sup>, 2395, 2395<sup>50</sup>, 2396, 2396<sup>50</sup>, 2397, 2397<sup>5</sup>.

AFTER LITHOTOMY, 2398<sup>50</sup>, 2104<sup>65</sup>.

#### PROSTATIC CALCULI.

2400, 2400<sup>35</sup>, 2400<sup>70</sup>, 2400<sup>40</sup>.

#### URETHRA.

STRICTURE, 2401<sup>38</sup>, 2401<sup>75</sup>, 2401<sup>87</sup>, 2402<sup>10</sup>, 2402<sup>25</sup>, 2402<sup>50</sup>, 2403, 2403<sup>50</sup>, 2405, 2405<sup>25</sup>, 2406, 2407<sup>50</sup>, 2407<sup>75</sup>, 2407<sup>85</sup>, 2408<sup>10</sup>, 2409, 2409<sup>20</sup>, 2410, 2411, 2412<sup>9</sup>, 2412<sup>18</sup>, 2412<sup>20</sup>, 2412<sup>27</sup>, 2412<sup>30</sup>, 2412<sup>35</sup>, 2412<sup>45</sup>, 2412<sup>63</sup>, 2412<sup>90</sup>, and others under Bladder.

PUNCTURE OF BLADDER PER RECTUM, 2412<sup>20</sup>, 2412<sup>30</sup>, 2412<sup>35</sup>.

INJURY, 2412<sup>72</sup>, 2412<sup>81</sup>.

HYPOSPADIAS, 2391<sup>35</sup> (?).

#### URETHRAL CALCULI.

2413, 2413<sup>50</sup>, 2414, 2414<sup>50</sup>, 2414<sup>75</sup>, 2415, 2415<sup>50</sup>, 2416, 2416<sup>35</sup>, 2416<sup>70</sup>, 2412<sup>90</sup> (?).

#### CATHETER.

2417, 2418, 2418<sup>10</sup>.

#### INTEGUMENTS OF PENIS.

INDURATION AND PHYMOSIS, 2419<sup>40</sup>, 2419<sup>50</sup>, 2419<sup>65</sup>.

SLOUGHING AND GANGRENE, 2419, 2419<sup>20</sup>, 2419<sup>95</sup>, 2427<sup>55</sup>.

CHANCRE, 2419<sup>60</sup>, 2419<sup>80</sup>, 2419<sup>90</sup>, 2420, 2420<sup>60</sup>.

EPITHELIAL CANCER, 2422, 2422<sup>50</sup>, 2423, 2424, 2424<sup>10</sup>, 2425, 2425<sup>5</sup>, 2425<sup>50</sup>, 2427, 2427<sup>20</sup>, 2427<sup>40</sup>, 2427<sup>60</sup>, 2428, 2427<sup>65</sup>, 2427<sup>70</sup>, 2428<sup>5</sup>, 2428<sup>10</sup>, 2427<sup>45</sup>, 2427<sup>50</sup>.

SELF-AMPUTATION, 2427<sup>80</sup>.

CALCULUS, 2429.

#### MALE MAMMA.

HYPERTROPHY, 2430, 2431, 2431<sup>50</sup>, 2430<sup>10</sup>.

CARCINOMA, 2432, 2433, 2434, 2434<sup>7</sup>, 2434<sup>21</sup>, 2434<sup>25</sup>.



## DISEASES OF THE SUPRARENAL CAPSULES.

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2020. Fœtal suprarenal capsule and kidney. There is a small, smooth, rounded body lying on the former. "It would seem that accessory bodies of this kind, though not invariably, are frequently present, and are liable to enlargement from disease."—Dr. H.

2020<sup>25</sup>. Suprarenal capsules considerably enlarged by an adventitious deposit resembling tubercle, and which no doubt affords an example of the disease which Addison subsequently described.

Jane or Ann R., was admitted into Guy's Hospital in July, 1829, under Mr. Key, for an obscure tumor in the breast; but as she was suffering more from constitutional symptoms, she was placed under the care of Dr. Cholmeley. It was observed that her complexion was very dark, she was extremely feeble and emaciated, and constantly vomited. At last she became drowsy, and wandered in her intellect. Nothing positive could be made out of the case, and after death the only well-marked disease was that of the suprarenal capsules, which were described as enlarged, lobulated, and the seat of morbid deposits apparently of a scrofulous character. They were at least four times their natural thickness, feeling solid and hard on the left side; one part had advanced to suppuration, containing two drachms of yellow pus. The kidneys themselves healthy. Death was attributed to the increase of serous effusion in the ventricles of the brain.

See case described at length in Bright's Medical Reports,  
and 1. Misc. Insp. Book, p. 65.

2020<sup>50</sup>. Suprarenal capsules quite destroyed by morbid deposit, and affording in all probability an example of the disease such as Addison afterwards described.

Mary C., aged 38, admitted into the hospital, in 1828, under Dr. Bright. There is no history of her symptoms, and no mention made of the skin. After death, the only morbid appearances found were pleuritic and peritoneal adhesions, and tubercles in the lungs. There is not sufficient disease described to account for death, apart from that discovered in the suprarenal organs. These bodies were enlarged by an adventitious deposit, which was softening down, and is described as tubercle.

1. Misc. Insp. Book, p. 27.

2020<sup>55</sup>. Disease of the suprarenal capsules, the tissue being quite destroyed by adventitious deposit. One organ is small and atrophied; the other is much increased in size, and has softened.

James W., aged 32, admitted into Guy's Hospital, under Dr. Golding Bird, February 6, 1850. For three years his skin had been assuming a dark hue, and for a year he had been so excessively weak that he was unable to follow his occupation as a baker. When admitted into Guy's, his skin was so dark that it was thought he had descended from coloured parents; he was extremely feeble, and his voice very weak. No other symptoms than those of anæmia could be discovered. He left the hospital, and was immediately seized with pericarditis, and died. No chronic disease was found, except that of the suprarenal capsules. The left was adherent, and as large as a hen's egg; both organs were as hard as stones. No tubercle in any part. (This was the first case in which any connection was thought to exist between the discolouration of skin and disease of the capsules.)

See case described in Addison's work, case i.

Drawing 353<sup>5,6,8</sup>; wax model.

2020<sup>67</sup>. Suprarenal capsules affected by Addison's disease.

Martha M'C., admitted, under Dr. Pavy, in summer of 1859. She was in a dying state; but, from the absence of any more positive affection, and the dark colour of the skin, disease of the suprarenal organs was at once diagnosed. After death, nothing was found in the body but disease of these bodies.

Record of Insp., 132. 1859.

2020<sup>00</sup>. Suprarenal capsules affected by Addison's disease.

William M., aged 35, a mason, always enjoyed good health up to Christmas, 1857, when he came under the notice of Mr. Valentine of Somerset; he complained of pain in back, and weakness of his legs. He got a little better, but was again obliged to lie up in March, 1858. Then for the first time Mr. V. was struck with the appearance of his dark skin, the whole body being discoloured, but especially the face, neck, and arms. The diagnosis of suprarenal disease was at once made. Tonics were given without relief. He became considerably darker in colour, so that he might well have been considered as being of dark blood; he also had much pain at the pit of the stomach. For an attack of this kind he had an opiate given him, and subsequently he was found dead in his bed. On post-mortem examination the body was found to be spare, but not wasted. All the viscera were healthy, with the exception of the suprarenal bodies, which were diseased, as here seen.

E. W. Valentine, Esq., Somerset.

2020<sup>02</sup>. Suprarenal capsules affected by Addison's disease. The organs are diseased in a similar manner to others, the original structure quite destroyed, and its place taken by yellowish material resembling strumous deposits.

John F., aged 15, living at Norwich, a well-made lad, had always had good health until about eight months before death, when his strength began to fail, and he had loss of appetite, with nausea. He attempted to work, but was obliged to desist, as he often fainted on the road, and was obliged to be led home. It was then observed that his skin was dark, but this was attributed to jaundice. When he came under Mr. Bacon's notice, a few days before death, the case was at once recognized as one of Addison's disease; the surface of the skin was of a dusky olive colour, the face, hands, and legs being the darkest. The genital organs almost black; in fact, the boy had quite the appearance of a mulatto. The post-mortem examination showed all organs, except the suprarenal, quite healthy.

See report of case by G. Mackenzie Bacon, Esq., in *Medical Times and Gazette* for August 6, 1859.

2020<sup>04</sup>. Disease of the suprarenal capsules; the organs being occupied by the peculiar unorganizable and cretaceous matter seen in preceding cases, while some portions of the earlier translucent material remains.

William B., aged 39, was first seen by Dr. Glover in 1856, when his skin was considerably discoloured, and the opinion was suggested

whether the case was one of Addison's disease. As it went on, a very confident diagnosis was made that this was the malady from which he suffered, the whole skin becoming very dark, while the conjunctivæ remained pearly white; at the same time he had much pain in the back, which was attributable to a fall about eight years before. In March, 1859, he became much weaker, and a prominence was observed in the spine, at the upper lumbar region. In June he died. The colour of the body was observed to be that of a mulatto, the generative organs being especially dark. A psoas abscess was found, arising from disease of the vertebræ, and the suprarenal capsules as in this preparation.

Case described by Dr. Glover of Newcastle in the *Edinburgh Medical Journal* for August, 1859.

2020<sup>66</sup>. Disease of the suprarenal capsules. The organs were occupied by an albumino-cretaceous deposit.

W. S., aged 21, was first seen by Mr. Welford on February 21, 1859, for sore throat, but for some months previously he had been complaining of excessive debility, without anything to account for it, although his friends remarked that his complexion was getting darker; indeed, they thought he had jaundice. The body, on being examined, was found to be covered with several dark olive-coloured patches, while the genital organs were almost black. The debility increased, and at last stupor came on, the patient dying on March 5th. After death the liver was described as enlarged and congested, but having no manifest disease; nor, indeed, was any organ affected except the suprarenal capsule.

Mr. Welford, Bishopwearmouth.

2020<sup>68</sup>. Disease of the suprarenal capsules; the organs being occupied by a yellow deposit, set in a tough grey fibrous tissue, as seen in other specimens.

Robert B., aged 12, admitted, under Dr. Addison, August 17, 1859. He was sent by Dr. Aldis, who had had him under his care at the Surrey Dispensary since March 29. It was then said that he had been ailing for four months, was always languid, tired, and disposed to sleep. Before this he had been stout and fresh-coloured. His skin was observed to be yellow, and which the doctors attributed to jaundice and liver disease. He used to fall asleep, and was roused with difficulty. Complained of pain in the back and pit of the stomach, with frequent sickness. When at the dispensary he was so prostrate that he was often obliged to lie down, and his body at last assumed a decided olive colour. Dr. Aldis felt convinced that the case was one of suprarenal disease, and accordingly sent him to Guy's, to be under Dr. Addison, who immediately and without hesitation pronounced it to be



a most marked example of the affection. (This was Addison's last case before his death.) The post-mortem showed the body most remarkably discoloured in all parts, and there was not a trace of disease elsewhere than in the suprarenal capsules.

See portion of skin, 1641<sup>10</sup>, and wax models.

Record of Insp., 143. 1859.

2020<sup>70</sup>. Disease of the suprarenal capsules, as in morbus Addisonii.

Henry G., aged 33, a farm labourer, was attended by Dr. Housley in June, 1859. At that time he had been ailing three or four months, and had been taking cod-liver oil. He was complaining of great weakness, loss of appetite, and nausea, occasional vomiting, pain at epigastrium, &c. The colour of his face and hands was brown. In August the case was suspected to be one of Addison's disease, although by some it was still considered hepatic. He gradually got weaker and weaker; complained only of pain in abdomen; the skin had become much darker, especially over the abdomen and genitals, the latter being nearly black. No odour perceptible. His principal symptom now was sickness. He died on April 27, 1860. Dr. H. sent portions of the viscera to Guy's and they were found quite healthy, with the exception of the capsules, as here seen. At the back of the bottle is seen a portion of skin.

Dr. Housely, Warsop, Mansfield.

2020<sup>80</sup>. Suprarenal capsules affected by the same deposit as seen in Addison's disease.

Martin M., aged 38, was admitted, under Dr. Rees, May 6, and died May 21. He had been ailing for about nine weeks, having gradually lost his strength without any assignable cause, until on admission he was quite unable to move from his bed, and spoke with difficulty. He had lost flesh, his eyes were sunken, and he frequently rejected his food. From this it was suspected that he might have some disease of the stomach. No discoloration of the skin was observed. He died at last quite suddenly. On post-mortem examination the capsules were found quite destroyed, as here seen, a yellow opaque matter being set in a more translucent fibrous substance. The lungs contained a few tubercles.

Drawing 353<sup>18</sup>. Insp. 100. 1857.

2020<sup>85</sup>. Suprarenal capsules diseased. The structure destroyed, and its place occupied by a grey translucent matter, combined with yellow tuberculous matter.

Anthony B., aged 28, under Dr. Addison in August, 1857. A year before he had an attack of hemiplegia, never since recovered, and had

been an out-patient since. On the morning before admission he had another attack. The reporter observed the dark hue of his face, which he attributed to sunburn, but subsequently, on the discovery of the disease in the capsules, it was observed that the whole body was of a dark colour. The brain was much softened.

Record of Insp., 154. 1857.

2020<sup>90</sup>. Suprarenal capsules occupied by a yellow and grey adventitious matter in the manner described by Addison.

Thomas L., aged 32, admitted on July 2, 1858, under Dr. Addison, in an extremely debilitated state. He had been under notice for two years as an example of Addison's disease. He was of spare frame, had a haggard expression of countenance, and was of so dark a colour that he resembled a mulatto, the skin of the genitals being almost black. He gradually got weaker and weaker, without any other symptoms than those of asthenia, and died at last rather suddenly. The discoloration of the skin had been observed for three years. At the back of the bottle is a piece of intestine, showing the enlargement of the solitary glands. Drawing.

Record of Insp., 133. 1858. Also, G. H. Rep. vol. v., p. 89.

2020<sup>95</sup>. Suprarenal capsules affected in the same way as many previous specimens.

George Y., aged 25, was admitted into the hospital with eczema, and for which arsenic in small doses was given. After the expiration of three weeks he was seized with collapse, vomiting, and in a few hours died. In the absence of all other cause, the remedy was suspected of having caused the symptoms, although so small an amount had been taken. On post-mortem examination, however, there was no proof of poisoning, by arsenic, but the capsules were found diseased, as here seen. The body then appeared to be of a very dark hue, especially those parts where the eruption had been; here there was a considerable amount of pigment in the skin.

Record of Insp., 151. 1858.

2021. Suprarenal capsules affected with Addison's disease.

William P., aged 30, always enjoyed good health until about three months before his death, when he discovered that he was losing flesh and strength, but continued his occupation until 7th August, 1860, when he came under Mr. Valentine's care. He was then suffering from great irritability of the stomach, and pain in the lower part of the back. His skin was of a dark, dusky hue, not in patches, but diffused through the whole surface of the body. On the second visit Mr. V. recognized the case as one of Addison's disease. The sickness, which was his

principal symptom, was quite unrelieved by remedies, and the pain in the back was sometimes excruciating. He died on September 24th. The body was observed to be dark-coloured, and wasted; cicatrices of old sores in the neck. All the organs were examined, except the brain, and found quite healthy.

Mr. Valentine, Somerset.

2021<sup>5</sup>. A specimen of diseased suprarenal capsule, brought from Dr. Addison's house after his decease; probably from a private patient.

2021<sup>10</sup>. A specimen of diseased suprarenal capsule, brought from Dr. Addison's house after his decease; probably from a private patient.

Sept. 25, 1852. Mr. White.

2021<sup>15</sup>. Lardaceous or waxy disease of the suprarenal capsules. They came from a man who had long suffered from syphilitic caries of the frontal bone, and who at last died from great enlargement of liver, spleen, and kidney, due to lardaceous disease. The suprarenal bodies were large, and remarkably firm and hard, contrasting strongly with the usual condition of these organs. The tissue was not destroyed, and thus no symptoms were apparently produced; the specimen being preserved to show the fact of their susceptibility to this disease, in common with other organs.

2021<sup>30</sup>. Suprarenal capsules, containing tubercular deposit. These specimens are nearly spoiled from having been long kept before being placed in spirit.

Thomas C., aged 58, admitted under Dr. Barlow, Feb. 11, 1852. He was a sailor and his health had been good. For some weeks he had been ailing, and unable to follow his employment, complaining of nothing but debility and loss of appetite. The whole body was of a dark colour. The post-mortem examination showed the kidney not quite healthy, and there were tubercles in various parts of the body and the capsules were much diseased. The symptoms were thought to be due in great part to the last-mentioned affection. Drawing 159<sup>63</sup>, and 460<sup>6, 7</sup>.

See case ix. of Addison's work.

2021<sup>35</sup>. A cancerous tubercle occupying the suprarenal capsule, and obstructing the vein.

Jane R., aged 28, was admitted into the obstetric ward, Feb. 4, 1852, for cancer of the uterus. After death, the body was observed to be of a darkish colour, and Dr. Addison considered that this might be associated with the disease of the capsules.

Our subsequent experience of Addison's disease would show that this was not a true example of the affection. Drawing 353<sup>15</sup>.

Case x. Addison's work.

2021<sup>40</sup>. Suprarenal capsules filled with fibrinous and yellow concretions, resembling tubercle.

James J., aged 35, admitted under Dr. Addison, Nov. 1851. A tidewaiter in the customs; generally good health, until seven months before death, when his illness came on, and at the same time his wife observed that his complexion was becoming dark. He also had frequent vomitings. On admission to the hospital, the colour of his skin was a deep olive brown, and the mucous membrane of the lips was also found to be stained by pigment. After death, no disease was discoverable in the body except that of these organs. Drawing 353<sup>14</sup>, and 159<sup>66</sup>.

See Case ii. Addison's work.

2021<sup>60</sup>. Cancer of suprarenal capsule. The morbid product is undergoing decay, has lost its cell character, and changed into granular matter and fat; thus putting on the appearance of the scrofulous deposit. It was preserved in order to display this fact. Its true nature was shown by the presence of cancer elsewhere.

John S., aged 42, under Dr. Barlow for cancer of the stomach.

Insp. 36. 1860.

2021<sup>83</sup>. Suprarenal capsule, having a large carcinomatous growth springing from it and nearly destroying it.

Catherine F., aged 42, under Mr. Callaway in 1842, for disease of the thyroid body. She died of cancer of the lungs and other parts. Prep. 1711<sup>73</sup>.

19. Misc. Insp. Book, p. 84.

2021<sup>90</sup>. A large cancerous tumor, involving the suprarenal capsule.



Stephen B., aged 29, under Dr. Addison in 1842. He died of cancer of the lungs, liver, &c.

19. Misc. Insp. Book, p. 83.

2022. Cancerous tumor in suprarenal capsule.

John D., aged 72, who died of cancer of the stomach, &c. See Prep. of stomach, 1812, and diseased aorta, 1462.

Red Insp. Book, p. 166.

2022<sup>4</sup>. Suprarenal capsule, containing a tumor apparently consisting of fat. A minute examination showed the glandular structure to be still present, and it then appeared merely an excessive growth of one of the fatty excrescences often seen on the organ.

Thomas M., aged 84, under Mr. Cock for senile gangrene.

Record of Insp. 212. 1855.

2022<sup>5</sup>. Cancer of suprarenal capsule.

Elizabeth H. L., aged 53, under Dr. Babington, March, 1853. She was suffering from carcinomatous disease of the stomach. The skin about the axilla, and some other parts of the body was rough, and of a dark colour, resembling ichthyosis. After death, one of the suprarenal capsules was found infiltrated with cancer. (At the commencement of the investigation of the subject, it was thought that some connection might have existed between this cutaneous affection and the disease of the capsule; but subsequent experience has shown that such a case is quite unconnected with Addison's disease.) Drawing 159<sup>68</sup>, 83, and 353<sup>16</sup>.

Case viii. of Addison's work. New Insp., vol. iv. p. 104.

2022<sup>9</sup>. Suprarenal capsules affected by Addison's disease. Described when recent, as completely destroyed by tuberculous disease, and adherent to adjacent organs. Some portions of the morbid material were of the consistence of putty, while others had softened into a fluid like pus.

Henry P., aged 26, under Dr. Addison, Nov. 1854. He had good health until six months before, when he began to experience pains in the legs and back, the latter also being very tender. For a month he had been obliged to give up work on account of attacks of giddiness and dimness of sight, with partial loss of consciousness. He was found

to have angular curvature of the spine, but no paralysis; also sick and faint when he attempted to rise from his bed. The whole body presented a brownish or olive hue, and there were patches of pigment on the lips. He died December 6. The post-mortem examination showed a psoas abscess, with disease of the lumbar vertebræ. There were also a few tubercles in the lung, but no other affection except that of the suprarenal capsules. Drawing 159<sup>67</sup>, and 353<sup>17</sup>.

Case iii. Addison's work. Record of Insp. 234. 1854.

## 2022<sup>10</sup>. Carcinoma of the right suprarenal capsule.

William G., aged 37, under Dr. Barlow, for cancer of the thorax. After death cancer was found to exist very extensively in the body and partially invaded one of the suprarenal organs. (It was observed that there were one or two dingy patches on his face. This, however, is not at all associated with Addison's disease.)

Prep. of ribs, 1050<sup>40</sup>. Drawing 353<sup>12</sup>. Addison's work, case xi.  
Insp. 14, for 1855.

## 2022<sup>11</sup>. Suprarenal capsules affected by Addison's disease.

Mrs. —, aged 59, a married lady in affluent circumstances, a patient of Drs. Ranking and Vincent, residing near Norwich. In May, 1855, she first perceived her face and hands becoming discoloured, and this was also observed by her friends. At the same time her appetite began to fail, and her stomach often rejected food. Between this time and October she continued to get worse, and at the latter period consulted Dr. Ranking, who recognized the similarity of the case with the description given by Dr. Addison. On October 11th, being still worse she called in Dr. Vincent to take charge of her. She then had constant sickness, suffered much from faintness, was unable to sit upright, the pulse very feeble, and the skin discoloured in a remarkable manner in many places. The face, neck, and hands had a dirty, copper-coloured appearance. From this time until her death, the colour increased in intensity, the debility became much greater, the sickness continued, and she suffered also from severe facial neuralgia. No organic disease was ever discoverable. She died April 25, 1856. This description was given, and the diagnosis made before the post-mortem examination. The body was found still fat, and all the organs were healthy, with the exception of the *suprarenal capsules*. These were enlarged and converted into firm, yellow, putty-like masses, all traces of structure being gone; the microscope discovering nothing but a fibrous tissue in parts, and irregular shaped cells and fatty granules in others, with a small quantity of cretaceous matter.

See full particulars of case in *Med. Times and Gazette* for May 24, 1856.

Drawing 353<sup>13</sup>.

2022<sup>13</sup>. Disease of suprarenal capsules; the organs being occupied by firm yellow masses, and tissue destroyed, one of them softening.

Charles W., aged 24, admitted, under Dr. Barlow, July 24, 1855. Always good health until five months ago, when he became feeble, breathless on exertion; had nausea, and a gradual darkening of the complexion. He was suffering, on admission, from great debility, emaciation, irritability of stomach, and a tawny colour of the complexion. All these symptoms increased, so that at the time of his death the skin had become darker, and more especially about the lower extremities. The inside of the lips, also, had a pigmentary deposit. Pulse quick and feeble. The body was taken away without having been inspected; but being followed home by Drs. Gull and Bealey, permission was given to examine only the supposed seat of disease, no other part of the body being allowed to be touched. The suprarenal organs were quite destroyed, as here seen.

2022<sup>13</sup>. Suprarenal capsule affected with epithelioma.

Jane B., aged 63, under Dr. Addison's care for carcinoma of the cesophagus. After death the disease was found to be of an epithelial character, and deposits of the same were met with in the lungs, liver, and suprarenal capsule. (Esophagus, 1793<sup>33</sup>; pancreas, 1988<sup>76</sup>).

Record of Insp. 70. 1856.

# DISEASES OF THE URINARY ORGANS.

## KIDNEY.

- 2022<sup>24</sup>. Kidney of a remarkably small size, scarcely exceeding that of an almond; the corresponding renal capsule is of the ordinary size.

Case of Mary M., aged 50. Died of malignant disease of the intestine, and had her uterus extirpated a year before, 1828, by Dr. Blundell. The right kidney was of the ordinary size, and healthy.

See prep. spleen, 1993<sup>40</sup>; uterus, 2259<sup>20</sup>; and drawings, 393 and 395.

7. Green Insp. Book, p. 137.

- 2022<sup>20</sup>. Two kidneys weighing together three and a half ounces, from extreme degeneration of the structure.

From a gentleman, aged 25, the subject of anemia and chronic vomiting. He was supposed to have love-sickness, and subsequently duodenitis, the state of the kidneys not being suspected.

Dr. Gull.

- 2022<sup>23</sup>. The vestige of a kidney consisting of spherical cavities in cellular membrane.

Case of Thomas M., aged 18, under Mr. Key, for disease of the bladder, in 1834. The left kidney was quite atrophied, and the right was double its natural size. This was also the subject of recent suppurative inflammation.

See prep. intestine, 1821<sup>85, 86</sup>; and bladder, 2366<sup>60</sup>.

5. Misc. Insp. Book, p. 52.



2022<sup>30</sup>. Kidneys exceedingly atrophied, weighing together only two and three-quarter ounces.

Richard G., aged 48, under Dr. Barlow. He was a medical assistant, very intemperate, being accustomed to drink large quantities of raw spirits. His urine had been observed to be albuminous for three years. His case ended with epileptiform fits and coma.

Insp. 105, for 1856.

2022<sup>35</sup>. Kidneys exceedingly atrophied, weighing together only one and a half ounce. (These are the smallest in the museum.)

Mary E., aged 50, ailing for several years with symptoms of Bright's disease, and at last slight dropsy. She died in a drowsy state. The kidneys had undergone the cystic degeneration.

Insp. 199. 1857.

2022<sup>42</sup>. Two kidneys of remarkably small size. The tunic puckered and thickened. Renal capsules natural.

From a boy, a patient of Dr. Stroud's, who died of dropsy, after small-pox. The urine was said to be turbid, but was not examined for albumen.

8. Green Insp. Book, p. 71.

2022<sup>56</sup>. Kidney which was situated much lower than natural and upon the bodies of the vertebræ. It is distorted, and presents a considerable depression, occasioned by the pressure of the mesentery. There is likewise irregularity in the situation of the veins and arteries.

From the body of Edward R., aged 50, under Dr. Bright, 1830, who died of malformed chest and diseased heart and lungs.

9. Green Insp. Book, p. 72.

2022<sup>60</sup>. Fœtal kidneys; the left surmounted by the renal capsule lying in its usual position; the right lying in the centre just above the symphysis pubis.

2022<sup>70</sup>. Kidney reduced in size and altered in form from compression.

From the body of Abraham H., who was under Dr. Bright in the year 1828. He had a lateral curvature of the spine for many years, and died from suppuration of the vertebræ. The left kidney was subject to great compression by the curvature.

See prep. of vertebræ, 1026<sup>60</sup>. 6. Green Insp. Book, p. 49.

2022<sup>75</sup>. Heart-shaped kidney from a case of lateral curvature of the spine.

Record of Insp. 27. 1859.

2022<sup>80</sup>. Kidney much altered in shape from a transverse constriction at its upper part, and whereby the upper portion is almost separated. A band of renal structure still however remains, as well as an internal connection by the pelvis.

Geo. J., aged 58, under Dr. Barlow, for disease of heart.

Insp. 168. 1860.

2022<sup>84</sup>. Hydatid cyst, over which is stretched the right kidney in a state of compression and attenuation. A portion of liver is also adherent. The cyst is of moderate thickness, and its lining is inclined to ossification.

Case of Thomas L., aged 22, under Dr. Bright in 1836. Died from hydatid disease in the abdomen, involving as well as the kidney the liver, spleen, &c.

See preps. 1945<sup>20</sup> and 2567<sup>90</sup>. 10. Misc. Insp. Book, p. 8.

2023. Horse-shoe kidney.

T. Hardy, jun.

2023<sup>60</sup>. Kidneys united in the form of a horse-shoe, the cortical substance having numerous small cysts in its structure.

From the dissecting-room. Presented by Mr. King.

2024. Kidneys connected at the lower part by a condensed band of fibrous tissue rather than by glandular substance. One of the ureters is nearly or quite obliterated, thickened, and converted into a dense semi-cartilaginous structure.

Prep. of stomach. 1816.

T. Hardy, jun.

2024<sup>10</sup>. Kidney lobulated as in the foetal state.

2024<sup>60</sup>. Portion of kidney and liver showing numerous black specks consisting of silver, which had been deposited in them from the internal administration of the nitrate.

Taken from the body of a man who died in the German Hospital of epilepsy. The black matter is seen to be in the course of the vessels and in the malpighian bodies.

Presented by Mr. E. Pye-Smith, Nov. 1859. Case related in full in Virchow's Archives.

2026. Left kidney wasted and ureter greatly contracted; the right of a natural size, but the ureter rather enlarged.

2026<sup>10</sup>. Hypertrophied and atrophied kidney.

2026<sup>20</sup>. The urinary apparatus of a child. The left kidney wanting, the right the size of that of an adult. The left suprarenal capsule exists as usual, and the renal vessels diminished in size, pass to it. There was no left ureter, and no vesiculæ seminales could be discovered; the vas deferens passing over to the right side of the bladder, and taking its course with its fellow.

From Anthony B., aged 8, who died of disease of the hip and tubercular arachnitis under Mr. Hilton's care in February, 1855.

Prep. of femur, 1317<sup>25</sup>. Record of Insp. 24. 1855.

2027. Kidney and renal capsule greatly enlarged. The character of the disease not described in the old catalogue, but it is probably a variety of cancer.

Old Museum Book, No. 253.

2028. Kidney very greatly enlarged. This preparation is very old, and is not described. The enlargement appears to be due to the presence of a soft mortar-like substance, the remains probably of chronic scrofulous disease.

2029. Enlarged kidney, in which is seen a quantity of softening tuberculous matter. The opposite kidney was diminished in size.

Old Museum Book, No. 246.

2030. Somewhat enlarged kidney, the tubular part much destroyed by ulceration. Two ounces of pus were contained in the infundibula, also small abscesses in the substance of the kidney. The ureter and bladder also thickened and ulcerated. In the same glass are two portions of ulcerated intestine from the same patient, who died of diarrhœa

and cystitis and pyelitis, after an illness of twelve months, in Charity ward, under Dr. Marcet in the year 1807.

Case of Ann Burgess, aged 52.

Old Museum Book, No. 75.

2031. Kidney containing small abscesses, in which are numerous particles of calculous matter.

Dr. Bright.

2031<sup>25</sup>. Kidney, which had been affected with recent acute inflammation. In its cortical substance are numerous small collections of purulent matter. The lining membrane of the pelvis and ureter is thickened and covered with a secretion approaching to the character of plastic lymph.

From the case of William H., who died of stricture under Mr. Morgan's care in 1831.

2. Misc. Insp. Book, p. 118.

See prep. of bladder, 2091<sup>28</sup>; and testis, 2366<sup>60</sup>.

2031<sup>60</sup>. Kidneys somewhat enlarged; in the substance of which are numerous small collections of purulent matter. The pelvis and infundibula considerably dilated.

Case of Elizabeth H., aged 40, who died of malignant disease of the uterus, and which pressed upon the ureters. In the year 1832.

See prep. of uterus, 2266<sup>60</sup>.

11. Green Insp. Book, p. 167.

2031<sup>75</sup>. Section of a kidney, in which is a fibrinous deposit in the cortical substance. The spleen has one of similar character (prep. 2002). It appears to be such as is often found in diseases of the heart.

From the case of George L., aged 38, who was under Dr. Addison in 1832.

11. Green Insp. Book, p. 172.

2032. Kidney, with abscess opening into the colon.

From Mrs. B., a patient of Dr. Cholmeley's in Lydia's ward.

Old Museum Book, No. 93.



2032<sup>48</sup>. Kidneys from a young person, in which there is a deposition of strumous matter in defined masses, principally affecting the cortex. From a private patient of Dr. Bright's and Mr. Streeter.

See drawing, No. 353<sup>60</sup>.

2033. Kidney, of which the tunic is much thickened, the pelvis dilated, the tubular part ulcerated and absorbed, the cortical part partially so, and communicating with an extensive abscess in the loins.

From Mr. Davy's collection. Old Museum Book, No. 233.

2033<sup>10</sup>. Kidneys having their cortical structure occupied by a fibrinous deposit. When recent, the kidneys were enlarged, and the surface covered with masses of fibrin and blood.

Alfred C., aged 6, who died a month after a severe burn, with symptoms of pyæmia.

Record of Insp. 46. 1855.

2033<sup>20</sup>. Suppuration of kidney in case of general pyæmia. The surface of the organs is seen to be covered with small points of pus.

Case of H. B., who died of pyæmia after injury to leg.

Prep. heart, 1396<sup>45</sup>; drawing, 38<sup>10</sup>.

Insp. 60. 1855.

2033<sup>30</sup>. Scrofulous disease of the kidney. It is much enlarged, and filled with tuberculous matter. This has softened down in some parts into cavities. The ureter is also thickened by it, and the bladder has tubercular ulceration.

2034. Kidney containing a small mass of bone.

Elizabeth B., aged 29, died under Dr. Barlow's care for ovarian disease.

Insp. 123. 1857.

2035. Kidney intended to show old inflammation of the tunic, which is thickened. The kidney is also affected with Bright's disease.

Case of William R., aged 40, who was under Dr. Bright's care for renal dropsy.

3. Green Insp. Book, p. 75.

- 2035<sup>14</sup>. Kidney, the capsule of which is greatly thickened and condensed, and detached from the surface of the kidney, from which it was separated by flakes of a dark black colour, and intermixed with dirty puriform fluid. There were collections of pus in the substance of the kidney.

Case of Henry W., aged 13, under Dr. Bright in 1829. He had been ill a long time, and his symptoms aggravated by a severe injury to the loins nine months before his death, and which had caused effusion of blood and abscess.

8. Green Insp. Book, p. 163.

See prep. of intestine, 1855<sup>32</sup> and 1864<sup>16</sup>; other kidney, 2035<sup>28</sup>.

- 2035<sup>28</sup>. Corresponding kidney from the same lad, with collections of pus in its interior.

- 2035<sup>42</sup>. Kidney somewhat enlarged in size, the proper capsule greatly thickened and condensed, and separated by a mixture of fluid and concrete pus from the surface. The external surface was firmly attached to the tunica adiposa.

Case of Jane R., aged 42, under Dr. Bright in 1830. The disease of the kidney was connected with a very large ovarian tumor.

See prep. of vein, 1521<sup>80</sup>; uterus, 2259<sup>40</sup>; and drawing of kidney, 362.

10. Green Insp. Book, p. 6.

- 2035<sup>66</sup>. Kidney enlarged to many times its natural size. The infundibula dilated and filled with purulent matter, and lining membrane thickened. The ureter is as large as a small intestine, and its walls thick. The patient had passed purulent urine for three years.

Case of Caroline P., aged 30, under Dr. Bright in 1832.

3. Misc. Insp. Book, p. 157.

2035<sup>60</sup>. Kidneys having the veins obstructed with coagula. They are also large, and of a white colour.

2035<sup>65</sup>. Kidneys inflamed, large, and mottled. In one is a small fibrinous deposit. The tubules filled with inflammatory product.

Laura S., aged 6, under Dr. Gull for scarlatina, dying three weeks afterwards of suppuration of pharynx and peritonitis.

Insp. 250. 1854.

2035<sup>75</sup>. Kidneys containing fibrinous wedge-shaped masses, from a child who died three weeks after scarlatina.

Charles W., aged 4.

Insp. 232. 1854.

2035<sup>80</sup>. Kidneys much enlarged from nephritis, weighing eighteen ounces. To the naked eye they appeared large, coarse, pale, and friable. The microscope showed the tubules full of granular exudative matter. In one kidney were small deposits of fibrin; also, mucous membrane of pelvis inflamed.

Maria G., aged 10, under Dr. Hughes for scarlatina. She died three weeks afterwards.

Insp. 213. 1854.

2035<sup>84</sup>. Kidney occupied by numerous small abscesses; at the same time the organ is irregular on the surface, and tunic thickened, presenting an example of the disease which is generally the sequel of bladder affections.

John W., aged 75, under Mr. Key for stone in the bladder. It was deemed unadvisable to operate, on account of the man's age.

13. Green Insp. Book, p. 35.

2035<sup>85</sup>. Tubercular disease of the kidney. The deposit is seen beneath the mucous membrane of the pelvis, and passing in all directions towards the circumference along the calices.

Case of Henry L., aged 6, who died under Mr. Hilton's care with diseased temporal bone, phthisis, and other tuberculous diseases.

Temporal bone, prep. 1074<sup>70</sup>.

Record of Insp. 85. 1854.

2035<sup>80</sup>. Kidney extremely atrophied, and undergone cystic degeneration, weighing only three ounces.

Matilda S., aged 17, under Dr. Barlow for acute laryngitis. She had been subject to epileptic fits for some weeks, and the urine was albuminous. She at last fell into a semi-comatose state. The larynx was found covered with a thin layer of lymph.

See prep. 1694<sup>51</sup>. Insp. 35. 1854.

2035<sup>90</sup>. Tubercular disease of kidney, ureter, and bladder. The disease appeared to have followed the course of the pelvis and calices. The lining membrane of the pelvis has scrofulous matter beneath it, or quite destroyed by the adventitious material which has taken its place. There are also distinct masses in the cortex, some of which have softened. The ureter is much thickened by the same deposit, and the bladder is seen covered by a rough layer of similar material.

John S., aged 50, under Dr. Barlow. Besides this disease here seen, the prostate and testes were affected, as well as the intestines and lungs.

Insp. 192. 1854.

2035<sup>92</sup>. Kidney containing miliary tubercles.

Geo. S., aged 10, under Dr. Addison for general tuberculosis.

See liver, 1915<sup>30</sup>; heart, 1445<sup>50</sup>.

Insp. 2. 1858.

2035<sup>95</sup>. Kidney containing miliary tubercles.

George B., aged 6, who after measles fell into a cachectic state, and rapidly died of tuberculosis.

See lungs, 1737<sup>25</sup>; spleen, 2008<sup>50</sup>; liver, 1915.

Insp. 132. 1856.

2036. Kidneys large and pale, and now, in spirit, presenting no very marked morbid appearance to the naked eye; but, when fresh, the malpighian bodies were seen as minute white specks, and beneath the microscope as opaque bodies, consisting almost entirely of fat. None of the mottling of ordinarily diseased kidneys was visible, nor were the tubules occupied by any inflammatory exudation.



Mary F., aged 35, under Dr. Barlow for general dropsy, and uterine cancer, from the constant bleeding of which she died. The urine was not albuminous.

Insp. 25. 1855; and Path. Trans., vol. vi.

2036<sup>2</sup>. Kidneys affected by lardaceous or waxy disease; much enlarged, hard, and translucent, weighing seventeen ounces.

Caroline J., aged 26, under Dr. Addison. She suffered from a chronic ulcer of the leg, enlargement of the liver, and anasarca. All the viscera were found affected by the same disease, the liver weighing seven and a half pounds.

Insp. 124. 1856.

2036<sup>30</sup>. "Kidneys large, and of a pale colour, being affected with the white mottling deposit described by Dr. Bright." Injected.

Edward M., aged 25, under Dr. Cholmeley in 1827. He was a sailor, and admitted with acute general anasarca, which appeared to have arisen from a cold caught in the Mediterranean. This is one of Dr. Bright's original preparations.

4. Green Insp. Book, p. 114.

2036<sup>32</sup>. "Two kidneys, large, and of a white colour, affected with the white mottling deposit described by Dr. Bright."

Described in Bright's work.

2036<sup>64</sup>. "Kidney affected with the white mottling deposit described by Dr. Bright." The organ is large, and of a pale colour. Injected.

From a patient of Dr. Bright's.

2037. "Injected section of a kidney affected with the white mottling deposit. It is somewhat misshapen, from the tubercular character of its structure. The form, however, did not depend on any disease analogous to true tubercle, but upon a general change in the substance of the kidney, some parts projecting, of a white colour, upon a pinkish ground, the small star-like vessels running over them. The size but little altered. Proper tunic adhering very closely. Internally, the whole cortical structure of a pretty uniform yellowish colour, with many small and indistinct opaque yellow spots."—Bright.

Mary G., aged 25, admitted with dropsy in November, 1825, under which she had laboured about two months, and the urine was found highly albuminous. Corresponding section, 2037<sup>1</sup>.

2. Green Insp. Book, p. 28; and  
Dr. Bright's work, Part i. page 12, plate 2.

2037<sup>1</sup>. Counterpart section not injected.

2037<sup>35</sup>. Large white mottled kidney. The surface is seen to be covered with white specks of deposit.

William L., aged 25, in the hospital in 1838. He had universal dropsy, and from which he had once almost recovered.

14. Misc. Insp. Book, p. 153.

2037<sup>50</sup>. "Kidney affected with the mottling deposit described by Dr. Bright." They are seen to be large and pale. Injected.

James B., aged 26, under Dr. Back in 1831. Twenty weeks before his death he went out in wet shoes and took cold, which was followed in two days by swelling, which gradually increased until the whole body was involved. The urine of dark colour, and coagulable by heat.

Prep. of appendix cæci, 1879<sup>80</sup>; peritoneum, 2440<sup>80</sup>.

2. Misc. Insp. Book, page 39.

2038. "Portion of kidney affected with the light-coloured mottling deposit described by Dr. Bright; the arteries injected red, and the veins yellow." This appearance is not now well seen, the organ presenting more of the character of the waxy organ; this is best seen in the uninjected section.

Robert I., aged 25, an intemperate man, and much exposed to the weather. Died of dropsy in 1827.

1. Green Insp. Book, p. 125; and  
Dr. Bright's work, Part i. page 26, plate 4.

2038<sup>1</sup>. Counterpart of preceding uninjected.

2038<sup>84</sup>. "Section of right kidney injected, showing the mottling deposit described by Dr. Bright." The organ is only about half the usual size.

See prep. of knee-joint, 1327<sup>50</sup>, covered with urate of soda.

2040<sup>12</sup>. Kidney affected with Bright's disease. Preserved to show the granular surface.

2040<sup>15</sup>. Kidney affected with Bright's disease. Preserved to show the thickened and rigid renal arteries.

2040<sup>25</sup>. "Two kidneys affected with the white mottling deposit described by Dr. Bright."

2040<sup>50</sup>. "A kidney far advanced in the chronic granular form of the mottling deposit described by Dr. Bright." The patient was affected with dropsy, and the urine coagulable. The arteries are injected.

Lewis K., aged 45, under Dr. Back in 1828.

7. Green Insp. Book, p. 135.

2041<sup>50</sup>. "Kidney affected with the mottling deposit described by Dr. Bright. The surface of the kidney, which is minutely granular or scabrous, is distinctly lobulated. The patient passed coagulable urine for about five years. An injected preparation."

Case of Mary B., aged 24, under Dr. Bright in 1831.

Prep. 2228<sup>30</sup>.

11. Green Insp. Book, p. 59.

2042<sup>40</sup>. "Kidney rather artificially preserved by slight drying, in order to show the granular surface. It appears to have been the seat of a pale inflammatory infiltration, and to have become subsequently contracted."

Thomas J., aged 65, who died under Mr. Morgan of disease of the prostate.

See prep., 2407<sup>50</sup>; also, diseased heart, 1403<sup>81</sup>

7. Green Insp. Book, p. 12.

2042<sup>60</sup>. "Kidney affected with the chronic granular form of disease described by Dr. Bright." Injected.

2042<sup>75</sup>. Kidney remarkably contracted; the cortical substance granular. It was firm in structure, and contained much yellow deposit.

From a woman, aged 35, who died of apoplexy. The left ventricle of heart was much hypertrophied, and the cerebral vessels were diseased. The contracted kidney, hypertrophied heart, and ossified basilar artery are contained in the same bottle.

New vol. ii., p. 81.

2042<sup>87</sup>. "Kidney affected with the mottling deposit described by Dr. Bright in the chronic granular form. The tunic removed to show the scabrous surface of the gland."

2043<sup>60</sup>. Kidney affected with mottling deposit in the chronic form. It is considerably wasted. Several small cysts are imbedded in its surface, the largest scarcely exceeding the size of a pea. Some of these contain transparent fluid, others opaque concrete substances.

Joseph H., aged 51.

2. Misc. Insp. Book, p. 186.

2044. Kidney with numerous small cysts on the cortical part, erroneously called hydatids.

From Mr. Davy's collection.

2045. Kidney with numerous but small cellular cavities dispersed through its substance. Taken from an aged subject.

2045<sup>60</sup>. Kidney injected and laid open, with numerous cysts in its cortical part.

From Brookes's collection.

2046. Kidney with numerous cysts, some of which are of large size, imbedded in its substance, which is much absorbed, and projecting on its surface.

William P., aged 25, under Mr. B. Cooper in 1827. He died soon after the operation for lithotomy. The bladder was found much diseased, and ureter and kidney much distended.

Prep. bladder, 2082.

2. Green Insp. Book, p. 68.

2046<sup>32</sup>. Large portion of a kidney greatly distended, and reduced to a complex membranous sac, in which the ureter, pelvis,



and infundibula may be traced. Besides these parts, a number of spherical and thin cells have formed between them and the tunica propria.

Dr. Dowler of Richmond.

2046<sup>40</sup>. Kidney containing numerous small cysts, and one very large one, the size almost of an adult cranium.

From Ann H., aged 81, who died after the operation for hernia.

Insp., 69. 1859.

2046<sup>64</sup>. A kidney injected, the whole of whose substance has become reduced to simple cysts, probably of tubular origin. These are variable in size. There is very slight dilatation of the pelvis.

From a patient of Mr. Iliff's, aged 26, who had suffered from hæmaturia and urinary symptoms for about six months. At the commencement of this time a tumor could be felt in the abdomen. Died exhausted, after passing large fibrinous clots.

See prep. 2091<sup>32</sup>.

2. Note-book, p. 26.

2046<sup>70</sup>. Two very fine examples of cystic kidney. Both organs enlarged, and connected with innumerable cysts of all sizes. The pelvis and infundibula are dilated. In one ureter a calculus is seen.

2047<sup>15</sup>. Hydatid cyst growing from the hilum of one kidney, but scarcely involving the structure; the size of an orange. The pelvis and ureter firmly united to its walls. The cyst contained nearly a hundred smaller hydatids.

James B., aged 56, died of phthisis. The hydatid was found accidentally after death.

Insp., 43. 1857.

2047<sup>13</sup>. Kidney containing a hydatid cyst in its upper part, and but slightly involving the structure of the organ.

From a body in the dissecting room, and which also had hydatids in the liver.

December, 1858.

2047<sup>20</sup>. Kidney presenting a few cysts in its cortical substance, and which are lined by a thin membrane. The latter somewhat resembles that of a hydatid, though this idea is opposed to the fact of the cysts being independent.

Mary P., aged 35, died of disease of heart under Br. Bright in 1842.

18. Misc. Insp. Book, p. 284.

2047<sup>25</sup>. Kidney containing numerous cysts in its cortical substance, and principally on the surface. They are peculiar as containing a brown gelatinous substance.

2047<sup>61</sup>. Kidney greatly enlarged, and containing numerous cysts, which occupy almost the whole of the cortical part.

George H., aged 38, under Dr. Back in 1828.

6. Green Insp. Book, p. 115.

2047<sup>75</sup>. "Kidney greatly enlarged, the glandular structure pervaded with numerous cysts of large size, apparently the result of the dilatation of the uriniferous tubes. The infundibula are somewhat distended, but they are but little altered." A point of considerable interest in this case is the fact of its having been associated with a very similar cystic disease of the liver. See remarks on which in vol. vii. of the Transactions of Pathological Society.

Prep. of liver, 1909<sup>40</sup>.

Presented by Mr. Key of Clapham.

2048. Kidney containing a single large cyst on its surface.

2048<sup>32</sup>. Kidney with a large cyst partially imbedded in the glandular structure, but forming a considerable projection on the surface of the organ.

2048<sup>48</sup>. Kidney containing a large cyst on its surface.

2018<sup>80</sup>. Portion of kidney with a cyst the size of a hazle nut imbedded in the glandular structure. It appears to be the result of a dilated tube, having an outlet, and connected with the pelvis. It contained some very small calculi.

Josh. S., aged 64, under Dr. Bright in 1834.

5. Misc. Insp. Book, p. 63.

2049. Two cystic kidneys, one very large, and containing numerous cysts of all sizes, while the other kidney is not much above the usual size, and contains only small cysts on the surface in the course of formation.

Elizabeth P., aged 27, who died of apoplexy under Dr. Pavy.

Insp. 106. 1860.

2051. Kidney with rather a large cyst imbedded in its substance reaching to the surface, and communicating with the infundibula.

2054. Kidney of a child enlarged from carcinomatous disease; structure firm, with some spots of yellow. Infundibula dilated; ureter impervious. Tubercles from the same disease were found in the liver.

See prep. 1923.

2055. Kidney with a considerable portion of the substance indurated by fungoid or scirrhus deposit.

From a patient who had cancer of the leg, which was amputated by Mr. Key; but the disease returned in the internal organs.

See leg, 1248<sup>80</sup>, and 1641; skin, 1658; heart, 1399.

- 2056<sup>24</sup>. Kidney greatly enlarged by cancerous disease.

- 2056<sup>36</sup>. Section of a kidney greatly enlarged by cancerous disease.

- 2056<sup>48</sup>. A kidney enormously enlarged, with thickened tunic, adherent colon, and dilatation of the pelvis and infundibula. One of the last contains a calculus, and another presents a cystiform peduncular mass supposed to be malignant. There is a sinuous opening between the pelvis and colon.

Drs. Bright and Turner.

- 2056<sup>50</sup>. Carcinoma of the kidney. The whole organ presents a uniform enlargement from an equal infiltration of the disease.

Sarah D., aged 58, under Dr. Hughes. She had been ailing several months with hæmaturia, and at last paraplegia supervened. A large

mass of carcinomatous disease was found involving the spine, and the cord within was softened.

Prep. of spine, 1028<sup>60</sup>.

Record of Insp., 11. 1858.

- 2056<sup>55</sup>. Carcinoma of kidney, showing the organ much enlarged, and of a milk-white colour, the whole structure being infiltrated with cancer, and presenting no tubera on any part. A portion of the other kidney is placed at the back of the jar.

George J., aged 57, under Mr. Bryant for diffused cancer of the leg, of which he died; cancerous growths being also found in other parts of the body.

Insp. 156. 1857.

- 2056<sup>60</sup>. Kidney considerably enlarged by cancerous disease.

Mrs. C., aged 50, a patient of Dr. Hodgkins. Three years before her death her breast was excised for cancer, and the wound healed. Subsequently tumors appeared on the head and other parts.

See prep. breast, 2302<sup>80</sup>, with drawing 407; tumor of brain, 1585<sup>75</sup>; dura mater, 1604<sup>50</sup>; fibrous tumor of uterus, 2275<sup>40</sup>.

10. Green Insp. Book, p. 106.

- 2057<sup>20</sup>. A large ragged sac, having thin walls, which seem to have been developed in the extremity of the kidney, the remainder of which is seen attenuated and expanded over the cyst. The contents of the great sac appear to have been cancerous, and to have been removed by some mode of softening; some shapeless and ragged matter only remains.

- 2057<sup>60</sup>. Kidney greatly enlarged by carcinomatous disease. The tunic also of the kidney appears to be greatly thickened.

- 2057<sup>80</sup>. Kidney greatly enlarged by carcinomatous disease. The masses of disease within are softened, and changed to a yellow colour.

From John G., aged 18, under Dr. Cholmeley in 1830. While alive, the large tumor formed by the kidney caused considerable difference



of opinion as to its nature. After death the peritoneum was found extensively involved in cancerous disease of an arborescent form.

See prep. of lung, 1747<sup>50</sup>; and peritoneum, 2469<sup>56</sup> and 2470<sup>64</sup>.

10. Green Insp. Book, p. 47.

2058. "Section of kidney greatly enlarged by fungoid disease; it contained numerous large broken-down tumors; of some of which the cysts are ossified. The kidney was much larger than the portion preserved would lead one to suppose. The greater part was so softened as to render its preservation impossible, and the remainder is contracted by the spirit. It was taken from a lady between twenty and thirty years of age. The tumor which it occasioned commenced when the patient was a girl, and was at one time thought to be ovarian; at another time it was supposed to be in the liver. A portion of colon preserved with the kidney has tubercles on or immediately under its mucous coat. There are fungoid tubercles in a preserved portion of the liver. 1828."

E. C. May, Esq., Tottenham.

- 2059<sup>64</sup>. "Kidney, in the cortical substance of which is seated a tumor about the size of an almond. This seemed to be formed of numerous small cysts which contained a puriform sanguineous fluid." This is a very old preparation, and now impossible to say whether the disease be cavernous tissue or merely cancerous.

2061. Kidney with a large cancerous tubercle immediately subjacent to its tunic, and deeply imbedded in its substance.

2062. Enlarged kidney with fungoid and melanoid tubercles in different stages subjacent to its tunic.

See other preps. from same subject.

Glands, 1551; omentum, 1555; skin, 1661; liver, 1937.

- 2062<sup>60</sup>. A kidney with fungoid and melanoid tubercles; some imbedded in the glandular substance, others external to it, but especially about the pelvis.

See also other preps.

Omentum, 2470<sup>71, 42</sup>; mesentery, 2467<sup>85</sup>; ovary, 2249<sup>64</sup>.

Presented by Mr. French through Sir A. Cooper.

2063. Kidney showing slight lacerations on its surface, produced by injury, exemplifying a very frequent mode of injury by a forcible bending of the organ.

Insp. 158. 1860.

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## PELVIS AND URETER.

2064. Kidney of a child very much enlarged by soft white matter, filling up the infundibula and pelvis, and occasioning the absorption of the glandular structure. The ureter small, and nearly impervious.

See next prep., 2064<sup>10</sup>.

- 2064<sup>10</sup>. The fellow-kidney of that described above as 2064.

- 2065<sup>8</sup>. Pelvis of the kidney having fibrinous lining, which is earthy.

Mr. Hilton.

- 2065<sup>16</sup>. A kidney, the infundibula greatly distended and filled with a white friable substance, which, on analysis by Dr. Babington, proved to consist of phosphate of lime. The glandular structure is almost entirely absorbed.

John P., aged 53, who had suffered for four years from purulent discharge from the bladder, under Mr. May of Tottenham.

See prep. of bladder, 2099<sup>60</sup>; and portions of fibrin passed, 2077<sup>66</sup>.

1. Note-book, p. 154.

- 2065<sup>32</sup>. Kidney, with the infundibula greatly distended and filled with an opaque white friable material. The glandular structure almost wholly absorbed.

Wm. T., aged 60, under Mr. B. Cooper in 1831 for stricture.

11. Green Insp. Book, p. 7.

- 2065<sup>48</sup>. A kidney which has been reduced to cysts by the accumulation of a cretaceous matter in the pelvis and infundibula. Dried specimen.

2065<sup>64</sup>. A kidney in which numerous large cells occupy the place of the tubular and cortical substances. The ureter is entirely obliterated, but the communications evince the remains of infundibula.

2066<sup>50</sup>. The membranous remains of a kidney injected, inflated, and dried. Internal distension had produced the removal of all the secreting substance, and there remained only an enlarged pelvis and set of infundibula. The proper arteries of the organ are seen distributed on the surface.

2066<sup>60</sup>. A specimen of dilated kidney. The glandular structure has been entirely absorbed.

The case presented by Dr. Lewin of Torquay through Dr. Bright.

2067. Dilated infundibula, pelvis, and ureter. The cortical part of the kidney very much absorbed.

2067<sup>50</sup>. Kidney of a child seven years of age. The infundibula greatly distended. The cortical part with the glandular structure in some parts wholly absorbed. The pelvis and infundibula appear to have been distended with fluid.

Presented by Mr. Edenborough.

2068<sup>32</sup>. Kidney somewhat enlarged; the infundibula much distended, encroaching on the glandular structure; the mucous membrane lining them much thickened, and rough. They contained puriform fluid, and two calculi moulded to the cavity in which they were lodged. Capsule much thickened, ureter greatly distended, and glands in the neighbourhood enlarged.

From the case of Robert T., aged 26, who was in the hospital in 1832 for long-standing stricture of the urethra, of which he died.

See prep. bladder, 1784<sup>62</sup>.

11. Green Insp. Book, p. 151. .

2068<sup>70</sup>. Section of a kidney showing an advanced stage of strumous pyelitis and ulceration, with absorption of some of the cortical structure.

Case of Frederick B., aged 21, under Dr. Barlow in 1847, who died of tubercular arachnitis, tubercles in lungs, &c.

New vol., p. 194.

- 2068<sup>80</sup>. Two kidneys, one contracted, the other somewhat enlarged; the glandular structure reduced by absorption. The infundibula, pelvis, and ureter somewhat dilated. The mucous membrane lining the first very slightly thickened.

Case of James C., aged 50, who was in hospital in 1831, and died of malignant disease of the bladder and ureter.

See prep. 2103<sup>50</sup>, bladder.

10. Green Insp. Book, p. 154.

2069. Left kidney converted by dilatation of the pelvis and infundibula, and absorption of the glandular part, into a large sac, which was filled with puriform fluid. The ureter is not obliterated. The bladder is ulcerated and contracted. The tumor to which the kidney had given rise had been considered ovarian.

Case of Mrs. S., aged 34, under Dr. Addison in the year 1827. The tumor had been coming three years, but the health had only been affected a few months.

4. Green Insp. Book, p. 117.

- 2069<sup>32</sup>. Kidney, of which the pelvis and infundibula are dilated into one large pouch. A small portion of the glandular structure remains at the lower part of the kidney, but at the upper part it is wholly absorbed. There are firm adhesions to the spleen. The cavity appears to have contained pus and flakes of inorganizable albumen.

- 2069<sup>50</sup>. Section of a kidney taken from a young female, the pelvic lining being covered with strumous tubercle, part of which is in a state of ulceration. There was also an ulcer at the neck of the bladder.

See prep. 2092<sup>55</sup>.

- 2069<sup>64</sup>. Right kidney greatly enlarged by dilatation of the infundibula. The lining membrane thickened, and which con-



tained about a pint of pus. Ureter thickened, and canal nearly obliterated. A small calculus was found in the pelvis of the kidney. Spermatic veins varicose.

Case of Ann L., aged 29, who was under Dr. Bright in 1829 for this disease which caused a tumor in the side.

See prep. calculi, 2154<sup>43</sup>.

1. Misc. Insp. Book, p. 92.

2070. Ureters obstructed by calculi. Pelvis and kidney greatly dilated. Substance of kidney distended and absorbed, with abscess.

Old Museum Book, No. 257.

2071. Kidney with the upper part of the ureter and pelvis greatly distended from calculus lodged in the ureter. The substance of the kidney to a considerable degree absorbed.

Case of S. Bartlett.

C. A. Key's Record of Inspections.

2072. Kidney with pelvis and infundibula containing large calculi, the glandular part absorbed.

Brookes' Collection, cat. xlii., 7.

2072<sup>20</sup>. Kidney containing two large branched calculi.

2072<sup>40</sup>. Kidney with the infundibula and pelvis containing large calculi, the glandular part absorbed or converted into concrete pus.

Brookes' Collection, cat. xlii., 7.

2072<sup>60</sup>. Kidney containing a very large calculus of a branched form, to which the pelvis and infundibula have accommodated themselves. There remains, however, a good deal of secreting substance.

2072<sup>60</sup>. Kidney wasted to a very small size, but the pelvis and some of the infundibula dilated, and containing calculi. The ureter contracted, and the emulgent artery nearly obliterated.

2073<sup>82</sup>. Kidney laid open, and showing several large calculi in its infundibula and pelvis. The membrane lining these cavities is much thickened, and there are several tubercles, apparently cancerous, in the cortical part.

Presented to Mr. Brookes by Mr. Semple.

Brookes' collection, cat. xx., 7.

2073<sup>48</sup>. Kidneys, with the ureters and bladder of a child. The infundibula are distended, and contain calculi of considerable size, apparently composed of the phosphates. A large calculus of the same description exists in each pelvis, which is considerably dilated. The right ureter is dilated and tortuous. The cortical part of the kidneys is wasted, and contains mottling deposit. The bladder tolerably healthy, but a little thickened.

Presented by F. Toulmin, Esq., of Hackney,

2073<sup>64</sup>. Kidney, of which the infundibula are distended with calculi. A sinus leads into the colon.

Case of Benjamin W., aged 58, who was a patient of Dr. Barlow's in 1853. He had suffered from symptoms of renal calculi five years before death.

See prep. 2073<sup>85</sup>; and drawing, 364<sup>80</sup>.

6. Misc. Insp. Book, p. 131; and Guy's Hosp. Rep., vol. vii. p. 22.

2073<sup>65</sup>. The fellow kidney of the one described above as 2073<sup>64</sup>.

2073<sup>80</sup>. Kidney with the ureter and bladder and part of the urethra. The lining membrane of the infundibula and pelvis is thick and rough. There is a small calculus and several fragments of earthy matter in the latter, and apparently adherent. A large calculus, chiefly consisting of lithic acid, was found in the bladder, which is somewhat thickened. The prostate and Cowper's glands are much enlarged.

See preps. of biliary calculi, 1973<sup>75</sup>; and urinary calculus, 2218<sup>80</sup>.

Presented by Mr. Camplin of Finsbury Square.

2074. Kidney, of which the pelvis is nearly filled up by a large calculus; a portion of the kidney is absorbed, and its tunic is much distended by two or three large cysts.

Presented by G. W. Linton, Esq.

2076. Kidney with a calculus lodged in the pelvis.

Old Museum Book, No. 259.

2076<sup>10</sup>. Small kidney containing calculi.

2077. Kidney with a calculus imbedded in its pelvis. The patient, aged 22, had fever two years before his death. This was succeeded by chorea, which continued. He was admitted into the hospital fourteen days before his death with painful and distended abdomen, vomiting, and suppressed urine. Besides this preparation there were found an ossific patch on the pia mater, emphysema of the lungs, and intussusceptio of the ileum into the cœcum.

Case of John B., under Dr. Curry in the year 1804.

See prep. of ileum, 1804.

Old Museum Book, No. 9.

2077<sup>16</sup>. Calculus in the ureter near the bladder.

2077<sup>32</sup>. Small kidney with cysts in its cortical part, and a mulberry calculus lodged in its pelvis.

Case of George M., aged 65, who died from an accident, under Mr. Cooper's care in the year 1828.

6. Green Insp. Book, p. 60.

2077<sup>35</sup>. Calculus from the kidney.

2077<sup>36</sup>. Calculus from the kidney, remarkable for its size and the extent to which it represents the cavity in which it was moulded.

From a private patient of Drs. Bright and Turner.

2077<sup>40</sup>. Calculus from the kidney, weighing a hundred and two grains.

2077<sup>42</sup>. Calculus from the kidney.

2077<sup>44</sup>. Calculus from the kidney, weighing twenty grains.

2077<sup>46</sup>. Calculus from the kidney.

Robert G., aged 21.

17. Misc. Insp. Book, p. 315.

2077<sup>48</sup>. Renal calculi, composed of oxalate of lime, remarkably white. There were traces of lithic acid.

2077<sup>50</sup>. Renal calculus, chiefly oxalate of lime.

Mr. Bryant's cat., p. 103.

2077<sup>52</sup>. Calculus from the kidney, consisting of oxalate of lime, with opaque crystals of that salt scattered over the exterior. Specific gravity 1.85. Analysed by Dr. Bird.

M. A. F., aged 42.

15. Misc. Insp. Book, p. 114.

2077<sup>56</sup>. Small fragments of phosphate of lime found in the pelvis of a kidney which was much diseased.

See prep. 2065<sup>10</sup>.

2077<sup>58</sup>. Renal calculi, consisting of phosphate of lime, contained in a kidney the subject of cancer.

Jeremiah S., aged 38, under Dr. Barlow in January, 1853. For a long time he had had symptoms of renal calculi, and latterly a tumor appeared in the abdomen as the cancerous kidney grew in size.

New vol. iv. p. 35.

2077<sup>60</sup>. Dilated pelvis of kidney, dried.

2077<sup>64</sup>. Kidney greatly dilated and sacculated. The obstructions seem to have arisen from a carcinomatous cauliflower growth at the exit of the pelvis and in the ureter. A dark portion united to the fungus is probably conglutated blood. There is very little left besides the membranous tunic.

From a private patient, aged 71, of G. Parsons, Esq., of Walworth.

2078. Kidney with two ureters, taken from a child.

See bladder, 2078<sup>6</sup>.

2078<sup>5</sup>. Bladder with three ureters, taken from a child. One of the kidneys had two ureters.

See prep. 2078.

2079<sup>10</sup>. A kidney with two ureters, which unite a short distance before entering the bladder.



2079<sup>20</sup>. Kidney and portion of bladder, with two ureters distinct through their entire course.

2079<sup>32</sup>. Bladder with three ureters; two on the right side, stated in Brookes' catalogue to have the vas deferens double on one side, but this appears not to be the case.

Brookes' cat. lxxvii., 6.

2079<sup>53</sup>. Calculus in the ureter; the other portion in the bottle is probably the kidney contracted above it.

2079<sup>60</sup>. Stricture of ureter; cicatrix in dilated pelvis. The kidney above, a mere vestige.

Guy's Hosp. Rep., October, 1845.

2079<sup>62</sup>. Strictured ureter with cicatrices. Kidney expanded, and ureter contracted below.

Case of Geo. H., aged 4, under Dr. Barlow in 1845, who died of measles and suppurative inflammation.

New vol. i. p. 21.

2079<sup>64</sup>. "Kidney and ureter which have been the subject of inflammation; the lining of the ureter presents several little firm conical granules, as it were hypertrophied follicles."

Case of Charles M'L., aged 30, who died of disease of the heart under Dr. Bright's care in 1836.

See prep. 1413<sup>85</sup>; and drawing, 364.

9. Misc. Insp. Book, p. 98.

2079<sup>72</sup>. Defined ulcer in the ureter and renal pelvis.

2079<sup>80</sup>. "Portion of a ureter, much thickened, and considerably but unequally dilated. Its internal surface very uneven." Apparently scrofulous deposit.

Brookes' Collection, cat. xxxviii., 7.

2080. Kidneys, ureter, and bladder. The first of small size, and the glandular part considerably absorbed. The infundibula and ureters much dilated, especially on the right side, in which the ureter is very short. The bladder appears tolerably healthy.

Case of Samuel C., who died of stricture of the urethra under Mr. Key's care in 1826.

1. Green Insp. Book, p. 33.

- 2080<sup>25</sup>. Kidney and ureter. The latter dilated throughout its course to the ordinary size of the ileum. The walls are likewise somewhat thickened. The pelvis and infundibula of the kidney are likewise dilated, and the cortical part nearly absorbed.

Case of Faith D., aged 46, who was under Mr. Key's care in 1833. She died of peritonitis caused by rupture of the bladder, which was diseased in the way the preparation shows.

See prep. of bladder, 2089<sup>75</sup>.

4. Misc. Insp. Book, p. 97.

- 2080<sup>50</sup>. A kidney showing the effects of obstruction near the under end of the ureter. The tube is extremely dilated and thickened, but not uniformly. The pelves appear to be irregularly dilated, and a considerable part of the secreting substance has been removed.

- 2080<sup>75</sup>. The termination of the two ureters in the bladder. The tubes appear greatly dilated and thickened, but having natural orifices in the bladder, the walls of which appear tolerably healthy.

- 2081<sup>50</sup>. Bladder, ureter, and renal pelves considerably dilated, without thickening. The orifices of the ureters are wide, circular, and direct, *i. e.*, without valves. The kidneys are very small, contracted, and lobular.

Case of Edward C., aged 18, who was under Dr. Bright's care in 1835. Urinary symptoms had only existed a week.

7. Misc. Insp. Book, p. 33.

2082. Thickened and ulcerated bladder; ureters, particularly the right, very much dilated.

Case of Edward P., aged 25, who was operated on for stone by Mr. Cooper in 1827, and who died subsequently of peritoneal inflammation.

See prep. of kidney, 2046.

2. Green Insp. Book, p. 68.

## URINARY BLADDER.

2083. Bladder, of which the anterior part and the corresponding portion of the abdominal parietes are wanting. The umbilicus is just above the opening. From a male foetus.

Presented by J. Young, Esq.

- 2083<sup>20</sup>. Bladder, of which anterior part and the corresponding portion of the abdominal parietes are wanting. The mucous surface on which the ureters open is thick, granular, prominent, and discoloured. The hymen imperforate.

Presented to Mr. Brookes by Mr. North.

- 2083<sup>40</sup>. Preparation showing deficiency in the anterior part of the bladder. The ureters, which were large, opened upon two red fleshy protuberances. The ossa pubis were separated about an inch. There was no vagina, and there appeared to be some deficiency in the lower part of the abdominal parietes.

Case of a little girl.

6. Green Insp. Book, p. 93.

- 2083<sup>60</sup>. Genitals of an adult male, with a small penis, and deficiency in the anterior part of the bladder. The seminal apparatus seems entire, but the vesiculæ seminales and the penis probably imperforate.

Presented by Alex. Bossy, Esq.

- 2083<sup>80</sup>. Portion of a bladder, with the remains of the urachus remarkably distinct, and dilated into a small cyst, which appears to have depended on the persistence of part of its canal.

2084. Bladder, of which the muscular coat is very much thickened. The mucous membrane but little if at all diseased, with somewhat enlarged prostate and stricture of the urethra at the bulb.

From John W., under Sir Astley Cooper for calculus.

See prep. 2198.

Old Museum Book, No. 154.

2085. Bladder, of which the muscular coat is very much thickened. The mucous membrane corrugated, but tolerably healthy; the prostate somewhat enlarged.

2086. Bladder, of which the mucous membrane is sacculated, from being protruded through meshes formed by the fibres of the muscular coat.

2086<sup>50</sup>. Bladder somewhat thickened, and the mucous membrane sacculated between the strongly developed fibres of the muscular coat.

Case of James C., aged 46, under Dr. Bright's care for ascites in the year 1830. The cause of the hypertrophy of the bladder not stated.

1. Misc. Insp. Book, p. 146.

2087<sup>25</sup>. Base of the bladder showing one large sacculus and several smaller ones, produced by the protrusion of the mucous membrane between the fibrous bands of the muscular coat. Dried.

2087<sup>85</sup>. Vesical pouch. Dried.

2087<sup>40</sup>. Bladder with a small sacculus at its fundus about the size of an egg. It communicates with the bladder by an opening through which the point of the little finger can be passed. The urethra is seen strictured and narrowed, and dilated at the bulb.

Insp. 1. 1860.

2087<sup>50</sup>. Bladder somewhat dilated; the mucous membrane thick and granular, forming a remarkably defined pouch about the size of a pigeon's egg.

Presented by Sir A. Cooper.

2087<sup>75</sup>. Male bladder from a private patient of C. A. Key, Esq., showing a cyst connected with the right side of the bladder through an opening which is two-thirds of an inch in diameter. The cyst is double the size of the bladder itself; it is lined by a prolongation of the mucous membrane of the bladder, and its communication is immediately anterior



to the entrance of the left ureter. The muscular walls of the bladder are much thickened, and both ureters much dilated. There are several false passages commencing at the posterior part and on the right side of the prostatic portion of the urethra, and terminating shortly in the bladder at the cervix.

2088. Uterus, bladder, and kidney from a patient of Dr. Bright's. Bladder thickened and sacculated, and ureter dilated from contracted urethra, causing impediment to micturition. There are peritoneal adhesions about the uterus.

2089. Bladder, of which the muscular coat is much thickened. The cavity contracted, but connected with two large pouches at its fundus, with stricture of the urethra.

2089<sup>12</sup>. Bladder, of which the muscular tunic is much hypertrophied. The lining membrane inflamed, and the prostate enlarged.

From the case of John C., aged 37, under Mr. Morgan in 1836 for enlarged prostate, retention of urine, and perineal abscess.

8. Misc. Insp. Book, p. 101.

2089<sup>25</sup>. Bladder greatly dilated; the mucous membrane nearly lost by disease. The subjacent structure appears to have been almost wholly degenerated into a fatty substance.

Case of a man, 50 years of age, who had been bedridden for five years from paraplegia. All his organs had undergone fatty degeneration.

See preps. of tumor, 1668<sup>32</sup>; and colon, 2456<sup>58</sup>.

Presented by Mr. Hilton. See 1. Note-book, p. 146.

2089<sup>50</sup>. Bladder showing effusion of blood beneath the mucous membrane, whereby the interior is raised into a nodular surface.

James M., aged 21, who died of tubercular arachnitis.

Drawing, 367<sup>20</sup>; Insp. 236. 1857.

2089<sup>75</sup>. " Bladder thickened, contracted, and perforated by ulceration, which has very little appearance of a malignant

character. The preparation is seen posteriorly, and the peritoneum around is partially coated with fibrin. There is one much dilated ureter, and some apparent prolapsus uteri." This appears, from description and history, to be a case of primary cancer of the bladder.

Case of Faith D., aged 46, who was under Mr. Key's care in 1833. She died of peritonitis, caused by rupture of the bladder.

See prep. of kidney, 2080<sup>26</sup>.

4. Misc. Insp. Book, p. 97.

2090. "Bladder burst from retention of urine, ulceration perforating it." No history.

2091<sup>32</sup>. Two masses of fibrin passed by the urethra, from a patient who had long suffered from hæmaturia, which was produced by remedies after gonorrhœa.

Case of M. S., aged 26.

2. Note-book, p. 26. See also prep. 2046<sup>64</sup>.

Presented by W. T. Iliff, Esq.

2091<sup>40</sup>. Bladder and urethra laid open posteriorly, showing the effects of stricture. The bladder is large, and much thickened; the mucous surfaces are coated with false membrane, copiously infiltrated with earthy salts.

Case of John O., aged 36, who was under the care of Mr. Morgan in 1836 for stricture of perineal abscess.

See next prep., 2091<sup>48</sup>.

10. Misc. Insp. Book, p. 28.

2091<sup>48</sup>. Dried layers of adventitious fibrinous matter lining the bladder, with crystalline earthy matter deposited in it.

See preceding prep., 2091<sup>40</sup>.

From the same case.

2091<sup>62</sup>. First incision of lithotomy. Surface fibrinous and earthy.

2091<sup>64</sup>. Bladder showing a calculus encysted in its walls.

David D., aged 38, under Mr. Birkett in July, 1860. One calculus was removed by operation, but he shortly after died. The inspection revealed old disease as well as acute suppuration of the kidney. The

bladder, near the opening of the right ureter, had a pouch the size of a walnut, and in this was a calculus; it was altogether contained in the walls of the bladder, although it could be touched by a probe passed into the ureter. There could be little doubt, therefore, that the stone had passed down the ureter as far as its termination, and there lodged.

Insp. 116. 1860.

- 2091<sup>66</sup>. Bladder much hypertrophied; lining membrane thickened; and that of urethra, anterior to neck, is dilated and ulcerated. It contained the two remarkable calculi seen in the next preparations, a description of which will be found in the Guy's Hosp. Reports, Series I., vol. ii. p. 268.

Drawing, 369<sup>76</sup>.

- 2091<sup>67</sup>. One of the calculi from the bladder above mentioned. It is soft, and consists of alternate layers of animal and earthy matter. The large nucleus appears to be composed of soft fibrin.

- 2091<sup>68</sup>. The other calculi from same bladder, and consisting of the same formation. When recent, it was the opinion of some that they were hydatids. They were removed from a boy about two years old.

- 2091<sup>69</sup>. Bladder everted to show the hypertrophied muscular fibres in a case of stricture.

Daniel W., aged 49, under Mr. Cock for stricture of twenty-six years' duration. He died of perineal abscess and pyæmia.

Insp. 26. 1855.

- 2091<sup>80</sup>. Penis and bladder, showing the effects of stone. There was a calculus somewhat larger than a duck's egg contained in and nearly filling up the cavity of the bladder. The ureters are dilated. There is a partial coating of false membrane, and earthy matter in the bladder, more especially at the neck and in the prostatic portion of the urethra, and in some degree through the whole of the canal. There is a urinary fistula situated in the membranous portion of the urethra, caused by the extraction of a calculus at that part.

Case of Edward B., under Mr. Key in the year 1834. He died of inflammation of the kidneys.

6. Misc. Insp. Book, p. 97.

- 2091<sup>88</sup>. Bladder and urethra, the former very much thickened. The mucous membrane thickened and rough, with large flakes of adherent lymph, from recent inflammation.

Case of William H., who died of stricture under Mr. Morgan's care in 1831. The inflammation had at last extended throughout the urinary passages to the kidneys.

See preps. of kidney, 2031<sup>25</sup>; and testes, 2366<sup>50</sup>.

2. Misc. Insp. Book, p. 118.

- 2091<sup>60</sup>. Bladder, showing the mucous membrane quite detached as a slough, being completely torn off from the muscular coat beneath.

H. P. aged 32, under Dr. Gull for acute paraplegia of three weeks' standing. On account of retention of urine he had had catheters constantly passed, and often with the accompaniment of blood. Death arose from peritonitis originating in the bladder, this organ being found considerably disorganized with infiltration of urine in its coats.

Insp. 241. 1857.

- 2092<sup>42</sup>. Bladder of a child, with some slight appearance of ulceration of the mucous membrane near the cervix. It contained a calculus, by which its cavity was filled.

Henry S., aged 3, under Mr. Key in 1829. He was not operated on, as he was supposed to be labouring under disease of the kidneys, which was found to be the case.

Prep. calculus, 2212<sup>25</sup>.

7. Green Insp. Book, p. 126.

- 2092<sup>55</sup>. Bladder showing tubercles; ulceration at its neck.

See kidney of same case, 2069<sup>93</sup>.

- 2092<sup>60</sup>. Bladder, showing a vascular excrescence at orifice of urethra.

Esther W., aged 37, under Dr. Oldham for ovarian disease. This was found accidentally after death.

See preps. of colon, 1859<sup>35</sup>; and gallstone, 1979<sup>29</sup>.

Record of Insp. 248. 1854.



- 2092<sup>61</sup>. Polypus removed from the urethra of a female by Mr. Bryant, Sept., 1859.

Mary A., aged 24 ; married. For three months she had had difficult micturition, followed by hæmorrhage. A vascular projection was observed at orifice of urethra, and cut off. This was discovered to be only a part of a larger growth in the urethra ; the anterior part of the canal was therefore slit open, and a polypus found growing from the wall three-quarters of an inch up the passage. It was removed, and patient recovered.

- 2092<sup>64</sup>. Bladder, described as extensively ulcerated ; but it appears rather to have its surface covered with a villous cancerous growth.

T. Callaway, Esq., sen.

2093. Bladder, ulcerated in case of disease of the spine, where the use of the catheter was constantly required.

Case of Fred. H., aged 20, under Mr. Cooper in 1828. While carrying a heavy weight, he fell and injured his back. Soon afterwards spinal symptoms supervened, and at the end of a year he was completely paralytic. The disease of the spine was found to be carcinomatous.

Prep. 1037.

4. Green Insp. Book, p. 64.

- 2094<sup>60</sup>. Circumscribed abscess between the rectum and bladder ; it communicates with the latter, which is much hypertrophied.

John R., aged 45, under Dr. Bright in 1838. For five years he had suffered from hæmaturia ; and when admitted he was found to have a urino-rectal fistula.—For particulars of case, see

14. Misc. Insp. Book, p. 75.

2095. Bladder, inflamed and perforated by ulceration, and accompanied by a large abscess opening into the rectum.

J. C., under Mr. Key in 1826. A month before, he fell and fractured his spine, and gradually became paralyzed. The kidneys were found in a state of suppuration.

Prep. of spine, 1035.

1. Green Insp. Book, p. 17.

2096. Ulceration of bladder in case of fractured spine.

James H., aged 21, under Mr. Key in 1827. While at work in the docks a load of earth fell upon him, causing considerable displacement

of the bones of the spine. He had perfect paraplegia, and survived four weeks. Catheterism was daily employed. After death a fracture of the tenth dorsal vertebra was found; also, ulceration of bladder, with pericystitis and peritonitis.

Prep. of spine, 1036.

4. Green Insp. Book, p. 55.

2097. Bladder, enlarged and thickened; mucous membrane presenting a very irregular surface, from deposition of lymph and earthy matter.

2099. Bladder, of which the mucous coat is extremely ragged, from general and deep ulceration. The middle lobe of the prostate is much enlarged.

2099<sup>5</sup>. Bladder greatly distended; the mucous membrane in some parts thickened, in others extensively removed, laying bare the subjacent coat, which is somewhat thickened. The peritoneal coat was united by firm old adhesions to the neighbouring parts.

John P., aged 33, had suffered for four years from purulent discharge from the bladder, under Mr. May of Tottenham.

Prep. of kidney, 2065<sup>16</sup>; a portion of fibrin passed, 2077<sup>56</sup>.

1. Note-book, p. 154.

2100. Bladder containing a large calculus closely impacted in its fundus. There is also enlargement of the third lobe of the prostate.

2100<sup>25</sup>. Bladder containing a very large calculus.

2100<sup>50</sup>. Bladder greatly thickened, and containing a large calculus, by which its cavity is nearly filled. The surface of the stone was granular and crystallized, and some fragments adherent to the mucous membrane, which was partially ulcerated.

George H., aged 52, under Mr. Cooper in 1829. He was too ill to submit to an operation.

Prep. of portions of stone, 2151<sup>70</sup>.

1. Misc. Insp. Book, p. 104.

2100<sup>63</sup>. Bladder and ureter; the latter is seen to be much distended, and containing two or three calculi. One of these is just entering the bladder.

Presented by J. Parrot, Esq., Clapham.

2101. Bladder enlarged and somewhat thickened; its mucous membrane sacculated, extremely irregular, and extensively ulcerated from calculus. The patient was cut, but died eight years afterwards from the disease of the bladder, which remained after the opération.

2102. Bladder, uterus, vagina, and external parts of a female in whom a calculus of the size and form of a duck's egg had made its way by an ulcerated opening from the bladder to the vagina. The calculus is in the possession of Mr. Tipple, who presented the specimen.

2102<sup>5</sup>. Tubercular disease of the bladder; the mucous membrane being covered with a scrofulous deposit. It extends to the membranous portion of the urethra, which is also ulcerated.

William W., aged 48, under Dr. Gull. He had suffered about a year with urinary symptoms, and before his death from perineal abscess arising from the disease in the urethra. There was also similar disease of the kidney.

Insp. 7. 1855.

2102<sup>10</sup>. Tubercular disease of the bladder. The floor of the organ internally is seen to be covered with tubercular deposit; this is softening and ulcerating, producing a rough broken surface at the neck of the bladder. Externally, also, the disease is seen to have invaded the vesiculæ seminales. It has also extended into the urethra, producing ulceration in the membranous portion.

H. G., aged 32, was admitted into the hospital for perineal abscess due, as was afterwards found, to this disease of urethra. Being discovered to have phthisis, he was transferred to Dr. Wilks' care. After death tuberculous disease was found pervading almost all parts of the body; but the oldest disease appeared to be in the left kidney, the whole of which was affected as well as the ureter.

Insp. 108. 1859.

2103. Bladder presenting an ulcerated surface within, and at one spot a raised growth, which, when fresh, was considered cancerous. It appears, however, to be rather an inflammatory or villous growth.

Joseph G., aged 45. He had been cut for stone a few years before. He recovered, but a few months prior to his death he was affected with urinary symptoms, and died with suppuration of the kidneys. The bladder was found as here seen.

1. Green Insp. Book, p. 59.

2103<sup>60</sup>. Bladder, having its internal surface covered with elevations and granulations of a cancerous kind. When recent, it resembled a cauliflower.

J. C., aged 50. For several months he had suffered from hæmaturia, for which he took various remedies without relief. The post-mortem examination showed cancer of the liver. The bladder, as here seen, and the kidneys much dilated.

See prep., 2068<sup>80</sup>.

10. Green Insp. Book, p. 154.

2104. Bladder much enlarged, thickened, and ulcerated from carcinomatous disease; the latter broken up, and representing a shaggy surface. The absorbent glands in the neighbourhood are affected with the disease. The patient presented symptoms resembling those of calculus.

Mr. May of Tottenham.

2104<sup>5</sup>. Villous cancer of the bladder. There is a large mass of disease in the walls, having its surface made up of long shaggy processes, and above this is a smaller patch; both of these appear to consist of an adventitious solid material deposited beneath the mucous coat. Near these, however, are one or two tufts of simple villous structure growing from the mucous membrane.

Private case of Dr. Rees. February, 1856.

2104<sup>6</sup>. Portion of bladder affected with cancer. The surface broken up, and disposed to be villous.

Gentleman, about 50 years of age, under the care of Mr. Roper of Croydon. He was seen also by Mr. Cock and Dr. Rees, the latter detecting cancer cells in the urine.



2104<sup>7</sup>. Bladder, having the interior covered with numerous villous growths. These do not appear to spring from a basis of adventitious material, but at once from the mucous membrane; and thus the specimen differs from some of the preceding, which are evidently cancerous. The tufts consist of beautiful vascular villi, resembling the chorion of the ovum.

From Brookes's collection.

2104<sup>8</sup>. Cancer of bladder. A large part of the organ is occupied by a cancerous growth, its surface being broken up, presenting an irregular shaggy surface in the interior.

Thomas T., aged 41, under Mr. Callaway, jun., in June, 1854. He had suffered all his life with symptoms of stone; and since the age of twenty-one, with hæmaturia at intervals. During the last six months of his life, all his urinary symptoms were worse, so that it was thought not advisable to submit him to an operation. After death a calculus was found in the bladder weighing more than half an ounce. The lumbar glands were diseased, one of which is placed in the bottle. The liver also contained some cavernous tissue, which was thought might be cancerous.

See prep. of liver, 1909<sup>36</sup>; and drawing of same, 340<sup>57</sup>.

Insp. 136. 1854.

2104<sup>9</sup>. Bladder, having a large part of its walls occupied by a cancerous growth, which is tolerably circumscribed. This projects externally at the fundus and towards the rectum; internally, it is nodulated and broken up, presenting a shreddy surface mixed with phosphates. The prostate also slightly involved. The disease is true medullary cancer.

James B., aged 62, under Mr. Cock. He had suffered for two years with urinary symptoms, as hæmaturia, pains in loins, &c. He stated that he had sometimes passed calculi as large as peas. All other organs quite healthy.

Insp. 200. 1855.

2104<sup>10</sup>. Cancer infiltrating the walls of the bladder. The preparation does not show much, but when recent, the anterior wall was tough and thickened from deposit of cancer between the mucous and peritoneal surfaces.

Susan G., aged 56, under Dr. Gull for cancer affecting several parts of the body.

See prep. of nerves, 1620<sup>16</sup>; and drawing, 88<sup>51</sup>.

Insp. 36. 1855.

- 2104<sup>11</sup>. "Base of the bladder with adjacent parts. There is a peduncular fungous growth near the orifice of the left ureter. This is the size of a chestnut. The convex surface was granular and sloughy, the texture of the tumor itself soft." Probably a fibrous polypus and not cancer.

William J., aged 72, under Mr. Cooper in 1836 for hæmaturia. After death the kidneys were found diseased, but there was no malignant disease in any part of the body.

Drawing, 369.

8. Misc. Insp. Book, p. 63; and Guy's Hospital Report, Series I., vol. i. p. 204.

- 2104<sup>12</sup>. Bladder, containing a large carcinomatous growth the size of a billiard ball, situated at the neck, on posterior part, and towards the right side. It grew over the right ureter, which was obstructed by it. On cutting through the tumor it was found to be firm, though it exuded a milky juice, and was decidedly cancerous; the surface was somewhat warty. Near it was a smaller growth composed of softer structure, and more markedly cancerous, large nucleated cells being found by the microscope. Pelvis and infundibula of kidney somewhat distended.

Joseph B., aged 55, under Dr. Gull, being transferred from the surgical ward, where he had been sent for supposed stone.

Insp. 149. 1860.

- 2104<sup>14</sup>. Bladder, presenting a large carcinomatous excrescence near the neck. The surface is flocculent, and covered with villi. The ureters dilated. The patient had passed bloody urine, and presented symptoms of stone.

- 2104<sup>17</sup>. Bladder, with a vascular fungous cancer at its base.

John F., aged 65, who died in the taking-in room, and therefore no history.

See next prep.

18. Misc. Insp. Book, p. 259.

2104<sup>18</sup>. Lamellar clot from the preceding bladder.

2104<sup>20</sup>. Bladder, having a small melanotic tumor attached to its mucous membrane.

George C., aged 32, under Mr. France for disease of the left eye, which had existed two and a half years. About a year before his death small nodules appeared on the surface of the body of a melanotic character. The post-mortem examination discovered various parts of the body involved in the same disease.

See prep. cranium; heart, 1400<sup>15</sup>; eye, 1669<sup>60</sup>.

Insp. 119. 1859.

2104<sup>25</sup>. Bladder, almost entirely filled with large polypoid growths springing from its surface. They appear soft, and resemble in structure the softer fibro-plastic or recurrent fibroid rather than cancer.

2104<sup>23</sup>. Bladder everted, showing a number of large polypi springing from its mucous membrane. These are attached by very slender peduncles.

Drawing, 369<sup>5</sup>.

Also a drawing of same in the Royal College of Surgeons, presented by Sir A. Cooper.

2104<sup>30</sup>. Bladder of a child containing polypi. They spring from the anterior wall, and surround the meatus; they have small peduncles, and swell out at their free extremities. As a whole, they formed a pyriform mass, closely fitting to the neck of the bladder. One protruded from the meatus. Their surface has a warty appearance. The microscope showed the composition to be a soft fibro-plastic structure.

Sarah A. J., aged 5, under Mr. Birkett for urinary symptoms. After a time a tumor protruded through the meatus, and similar ones were found within the bladder. The protruding portion was removed by ligature. She died of suppurative nephritis.

Drawing, 369<sup>10, 11</sup>.

Insp. 10. 1858; and Medico-Chir. Trans., vol. xli.

2104<sup>32</sup>. Bladder of a child containing polypi, with a tumor growing in the walls, and protruding externally. The polypi

spring from the neck, and surround the orifice by slender peduncles. They were found to be composed of a soft structure, like the softer variety of fibro-plastic growths. The tumor seen externally is firmer, and resembles more the recurrent fibroid tumors.

Richard T., aged 2, under Mr. Hilton for urinary symptoms. A distinct tumor formed by the bladder was visible above the pubes, and could also be felt per rectum. Death was due to a suppurative nephritis, which finally set up a peritonitis.

Drawing. Insp. 169. 1858.

2104<sup>36</sup>. Bladder containing a flocculent growth, apparently cancerous.

2104<sup>40</sup>. A large cyst, lined by calcareous deposit, firmly attached to the posterior wall of the bladder (which is seen above), but having no internal connection with it. It was thought to have been a hydatid cyst, but this was not positively ascertained.

Case of Richard R., aged 60, who died under Dr. Barlow's care of heart disease.

Insp. 194. 1854.

2104<sup>44</sup>. A large hydatid cyst between the rectum and bladder; dried. The ready adaptation of the adjacent canals is very well seen.

2104<sup>62</sup>. A large hydatid cyst, situated between the bladder and rectum, from a male patient. The cyst was filled with hydatids in various conditions and sizes, amounting to nearly three pints. The cyst was situated beneath the peritoneal coat of bladder, between this organ and rectum. Mucous membrane of bladder healthy, although there must have been some communication from it or urethra to hydatid cyst.

James P., aged 40, began to suffer in a gradual manner from the symptoms of suppression of urine. After passing a catheter, some small hydatids were voided, and subsequently after syringing the bladder a few more, but not in sufficient quantity to materially lessen the size of the abdominal tumor. When the body was opened. the



cyst was as large as a uterus in the fifth month of pregnancy, and the urinary bladder was attached to its front part, the ureter crossing over the cyst. Kidneys much dilated.

12. Green Insp. Book, p. 87.

2104<sup>53</sup>. Some of the hydatids from above mentioned cyst. They were said, when recent, to show bunches of smaller ones attached to the surface, looking like beads on a thread.

2104<sup>56</sup>. Hydatids passed during micturition, and coming probably from the kidney.

H. B., aged 34, came under Mr. Birkett's care in 1851. Ten years before, he had suffered much from pain in the left side, and two years subsequently he voided some "bladders and skins." Since this time he had been in the habit of passing several. At the period above mentioned he had a severe attack of pain, and soon passed a number of hydatids sufficient to fill a half pint mug. No hydatid could be detected in the neighbourhood of the bladder. He was subsequently seen quite well.

See account of case in Guy's Hosp. Rep., Series II. vol. vii. p. 300.

2104<sup>57</sup>. Large hydatid cyst attached to the bladder. When recent, it was found to contain three pints of small hydatids. It appeared to be developed in the cellular tissue of the bladder, this organ being in front and on its left side; the ureter also spread out on the cyst.

From William A., aged 52, under Dr. Habershon's care for cancer of stomach. While under treatment a tumor was felt in lower part of body like the distended bladder. It was found, however, on examination, that the catheter passed altogether at its side. He never suffered any symptoms in consequence of its presence.

Insp. 80. 1860.

2104<sup>58</sup>. Hydatids contained in the cyst of the previous case.

2104<sup>60</sup>. Bladder and kidney of a child who died after the operation of lithotomy. The kidneys and small intestines were diseased.

2104<sup>65</sup>. Portion of bladder and prostate of a man who was cut for stone fourteen years before. It is preserved in order to show that no trace of the incision is visible.

Insp. 88. 1857.

2104<sup>68</sup>. Bladder of a man who died after lithotomy. There was inflammation beneath the peritoneal coat.

Stephen P., aged 52, was operated on by Mr. B. Cooper in 1828. He died thirty-two hours after the operation. His kidneys were diseased.

Calculus, 2127.

5. Green Insp. Book, p. 152.

2104<sup>70</sup>. A bladder, after the operation of lithotomy, showing an earthy phosphatic deposit upon the edges of the wound.

Thomas W., aged 58, operated on by Mr. Hilton, but died two weeks afterwards of suppuration of the kidneys, and pneumonia.

Insp. 65. 1855.

2104<sup>75</sup>. Bladder wounded in the operation of lithotomy. The point of the knife penetrated the right side of the bladder, opposite to the place of incision. The boy quickly died of peritonitis.

2104<sup>76</sup>. Bladder of a patient who died after the operation of lithotomy. The mucous membrane presenting numerous spots of irregularity, thickening, and abrasion, chiefly on those parts which form the summits of the rugæ.

George W., aged 48, operated on by Mr. Cooper in 1829, and he died a week afterwards.

8. Green Insp. Book, p. 137; and 1. Note-book, p. 139.

2104<sup>78</sup>. A piece of false membrane covered with calcareous deposit, removed from the lips of the wound after lithotomy.

Mr. Hilton, Sept., 1850. •

2104<sup>84</sup>. Bladder somewhat contracted, in which the cervix was torn off by violence.

2104<sup>85</sup>. Bladder everted to show two rents in the mucous membrane, caused by fracture of the pelvis.

Joseph F., aged 16.

Insp. 136. 1855.

2104<sup>86</sup>. Bladder lacerated and perforated from fracture of the pelvis

E. S., aged 55.

Insp. 209. 1855.

2104<sup>90</sup>. Bladder apparently pierced by the catheter.

David J., aged 32, admitted for injury to the pelvis, from which he died in three days. A catheter was frequently passed, and it was thought that the opening seen in the fundus was caused by this instrument, as it was difficult to account for it in any other way.

Insp. 210. 1855.

2104<sup>91</sup>. Bladder, showing an injury at its upper part by repeated catheterism. The patient was in the habit of passing the instrument himself.

Mr. Hilton.

2104<sup>92</sup>. Part of the rectum, bladder, and penis torn off by violence done to the pelvis.

James K., struck by a piece of boiler, and survived two hours.

10. Green Insp. Book, p. 98.

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## URINARY CALCULI.

2105. Lithic or uric acid as an amorphous deposit, in very fine crystals.

2106. Lithic acid in the form of very fine crystallized sand.

2107. Lithic acid in the form of small calculi or gravel, passed through the urethra.

2108. Nine specimens of lithic acid passed by the urethra; two in 1824, the others in the following year. They exhibit a gradual increase in size from sand to the magnitude of large peas.

Sir Astley Cooper.

2109. Lithic acid, both in the form of sand and gravel.
2110. Urinary gravel, probably for the most part consisting of lithic acid, but accompanied by some of the phosphates.
- 2110<sup>25</sup>. Fragments of lithic acid calculus apparently broken up by the lithotrite.
- 2110<sup>50</sup>. Fragments of a lithic acid calculus brought away by lithotripsy from a private patient of Mr. Key.
- 2110<sup>75</sup>. Fragments of lithic acid calculus apparently broken by the lithotrite.
2112. Small lithic acid calculus.
2113. Section of a lithic acid calculus, of a remarkably round figure. It weighed 5 drachms 9 grains. It is remarkable from having no defined nucleus, the interior consisting of small granules, and the very centre being a cavity.
- Analyzed by Dr. B. Babington.
- 2113<sup>50</sup>. Calculus, consisting of urate of ammonia and uric acid, removed successfully by Mr. Morgan from Nathaniel H., a patient in hospital in the year 1835.
- Analyzed by Mr. Brett.
2114. Section of lithic acid calculus which weighed 3 ounces 1 drachm 31 grains, and in which the crystalline form predominates, removed successfully from W. W., aged 56, by Mr. Lambert of Newcastle, June 17, 1760. The patient lived seven years afterwards, and worked at his trade.
- See counterpart, 2216<sup>11</sup>. Presented by Mr. Key.
- 2114<sup>35</sup>. Calculus, removed by Mr. Key from a private patient, July, 1837.
- 2114<sup>50</sup>. Urinary calculus, successfully removed from Charles W. by Mr. Key.



2114<sup>70</sup>. Section of a lithic acid calculus of a pretty large size. Is said to have a very thin layer of fusible calculus on its surface. Dr. G. Bird found it completely soluble in potash.

2114<sup>80</sup>. Lithic acid calculi, three in number, removed by Mr. B. Cooper from William M., aged 54, July, 1841.

2115. Section of a large lithic acid calculus. The corresponding section is noticed in Dr. Marcet's work.

2116. Section of a lithic acid calculus, of a light colour, and loose texture. The nucleus consists of urate of ammonia, with traces of urate of soda. The circumference of irregular tubercular masses of uric acid, mixed with urate of lime.

Analyzed by Dr. G. Bird.

2117. Section of a small and very circular lithic acid calculus formed of numerous very thin concentric layers, in which the crystalline form predominates, found in the bladder after death. A small calculus had been previously removed by the forceps. The patient probably died from disease of the kidneys.

Mr. Key.

2117<sup>50</sup>. Calculus, removed successfully by Mr. Key, Nov. 19, 1839.

2118. Sections of small circular lithic acid calculus.

Mr. Key.

2119. Two sections of lithic acid calculus, of considerable size and an elongated figure. The central part compact, and consisting of amorphous deposit; the outer part crystalline. The nucleus consists of uric acid, the body of uric acid and urate of lime, and the crust of uric acid. Specific gravity 1.64. The calculus is remarkable from having its nucleus situated very near to the surface.

Removed by Mr. B. Cooper, and analyzed by Dr. G. Bird.

- 2119<sup>50</sup>. Calculus, consisting of a nucleus of lithic acid, and body of the same, with a small proportion of triple phosphate. This calculus is said to have been removed by Cheselden.

Analyzed by Dr. Rees.

Presented by Mr. W. H. Smith.

2120. Section of lithic acid calculus, the layers of which are by no means compact, and present a singular arrangement, inducing the idea of there having been two nuclei.

2121. Section of lithic acid calculus, removed by Mr. Cooper. The central part compact, and consisting of amorphous deposit; the outer part highly crystalline. Dr. Bird found the nucleus to consist of urate of ammonia, and the body of uric acid and urate of lime. The radiating external portions of the body assumed a waxy lustre on rubbing or scraping, which induced Dr. Bird to suspect the presence of uric oxide, though he could not satisfactorily determine the point.

2122. "Section of a large lithic acid calculus, of a light colour, and very spongy texture; weight, four hundred and twenty-eight grains." It contains urate of soda, with urate of lime in smaller quantity.

Removed from W. W., aged 50, by Mr. B. Cooper.

Dr. G. Bird.

2124. Section of lithic acid calculus. Nucleus, urate of soda with uric acid; body, urate of lime.

Analyzed by Dr. G. Bird.

2125. Section of a very compact and mammillated calculus, very much like the mulberry calculus, but composed of lithic acid; weight, two hundred and fifty-eight grains.

Removed by Mr. B. Cooper from G. V., aged 14.

Analyzed by Dr. Babington.

2126. Section of lithic acid calculus.

- 2126<sup>35</sup>. Calculus, consisting externally of crystals of fusible calculus. Body, lithic acid, with traces of lithate of ammonia;

nucleus, lithic acid. Several of the layers also consist of lithic acid, with traces of phosphate of lime.

Analyzed by Dr. Rees.

2126<sup>50</sup>. Urinary calculus, having for its nucleus lithic acid. Body, lithic acid and lithate of ammonia; crust, lithate of lime and ammonia.

2126<sup>60</sup>. Urinary calculus composed of uric acid, with much urate of lime and ammonia.

Removed by Mr. Cooper. Analyzed by Dr. G. Bird.

2126<sup>70</sup>. Eight calculi, of about the size of marbles, having for their crust urate of ammonia and lime, with uric acid; nucleus, the same. Specific gravity 1.46.

Removed by Mr. Key from a middle-aged man from Faversham in Kent.

2127. Section of lithic acid calculus, weighing two drachms.

Removed from S. P., aged 50, by Mr. B. Cooper, March 19, 1828.

5. Green Insp. Book, p. 152.

2128. Section of lithic acid calculus; weight, three hundred and eight grains. Nucleus compact; the greater part crystallized.

Removed by Mr. Key. Analyzed by Dr. Babington.

2129. Section of lithic acid calculus.

2129<sup>60</sup>. Calculus, having for its nucleus uric acid; and body, urate of ammonia and fusible calculus. Specific gravity 1.580.

Removed by Mr. B. Cooper from a boy aged 5, December, 1839.

2130. Section of lithic acid calculus; weight, seventy-eight grains. The nucleus is of a darkish colour, but the greater part of the calculus has a slight greenish tinge.

Removed by Mr. Key. Analyzed by Dr. Babington.

2131. Sections of lithic acid calculi, the one weighing two hundred and seven grains, and the other one hundred and seventy-

eight grains. Their figure is remarkably irregular, and covered with very minute crystals; their centres hollowed and fissured, but their substance generally compact, and of a lightish colour.

Removed by Sir A. Cooper. Analyzed by Dr. Babington.

2132. Section of small lithic acid calculus, of a remarkably light—nearly white—colour.

Analyzed by Dr. Babington.

2133. Section of small light-coloured lithic acid calculus; weight, eighteen grains, of irregular figure and loose texture.

Analyzed by Dr. Babington.

2135. Fragments of a very irregular calculus, composed of lithic acid, and weighing one hundred and sixty-one grains.

Removed by Mr. B. Cooper from P., aged 78.

2136. Urinary calculi, consisting of lithic acid, lithate of soda, and ammonia, with traces of phosphate of lime, oxalate of lime being scattered in small masses through the body. These calculi have evidently been moulded in the kidney, and no doubt taken therefrom.

Analyzed by Drs. Bird and Brett.

2136<sup>60</sup>. Calculus, consisting mainly of urate of ammonia, with traces of uric acid and earthy phosphates. The layers appear cemented together by dried blood. Dr. Bird has referred to the remarkable fissure running through this calculus, appearing as if made up of two separate stones, which had become united, and subsequently framed in by a deposit of urate of ammonia.

Removed from Benjamin B., aged 3 years and 9 months, by Mr. Key, September, 1835.

Analyzed by Mr. Brett.

2136<sup>60</sup>. Urinary calculus broken up; chiefly composed of urate of ammonia.

Analyzed by Dr. G. Bird.



2137. Fragments, composed of lithate of soda.

Dr. Wollaston, 1825.

2138. Two sections of a large oxalate of lime calculus, remarkable for its cubical figure. It consists of two portions—one a tolerably oval nucleus, formed of radiating needles deposited in the centre of the concretion; weight, 3 ounces 6 drachms 2 grains.

Removed from J. A., June 30, 1806.

2138<sup>14</sup>. Cast of a mulberry calculus.

Presented by Mr. Dunn of Scarborough.

2138<sup>28</sup>. Calculus, composed of oxalate of lime, weighing 4 dwts. 16 grains.

Removed by Mr. Key from Thomas R., aged 8, March, 1830.

2138<sup>30</sup>. Urinary calculus, composed of crystallized oxalate of lime.

Analyzed by Dr. G. Bird.

2138<sup>42</sup>. A small mulberry calculus, remarkably tuberculated on the surface, and covered with glistening crystals of oxalate of lime in four-sided prisms.

Removed by Mr. Key from William R., aged 14, October 12, 1830.

Analyzed by Dr. G. Bird.

2138<sup>55</sup>. Calculus, composed of oxalate of lime, having glistening crystals on its surface.

Removed by Mr. Key from William H., aged 12, October 12, 1830.

2138<sup>60</sup>. Urinary calculus, composed of oxalate and phosphate of lime.

Removed by Mr. Key from William H., aged 21, October 18, 1848.

2138<sup>70</sup>. Section of a large mulberry calculus, removed by B. Gibson, Esq., Halstead, Essex. Between the body and outer layer of this calculus, there is a space which appears to have been occupied by soft animal matter.

2138<sup>84</sup>. Section of a mulberry calculus.

Removed by Mr. Cooper, July, 1837. Analyzed by Dr. Rees.

2139. Oxalate of lime calculus, from the pelvis of the kidney and commencement of the ureter; and three of smaller size, from the infundibula of the kidney of an elderly man.

6. Green Insp. Book, p. 35.

2139<sup>25</sup>. Calculus, consisting of oxalate of lime. The nodules on the surface are filled in with an opaque mass of deposit. Specific gravity 1·8.

Removed by Mr. B. Cooper, 1839. Analyzed by Dr. G. Bird.

2139<sup>35</sup>. Oxalate of lime calculus.

Removed by Mr. Key, November 19, 1839.

2139<sup>50</sup>. Calculi, passed without operation by Mr. R., March, 1831.

Presented by Mr. Stocker.

2139<sup>75</sup>. Small calculus, consisting of oxalate of lime, passed by a female patient.

Dr. Rees.

2140. Section of oxalate of lime calculus, weighing two hundred and forty-four grains. Analyzed by Dr. Babington. The piece of copper wire seen at its upper part was probably inserted in an attempt to bore this calculus in order to suspend it.

2140<sup>50</sup>. Section of an oxalate of lime calculus.

Removed by Mr. Key. Analyzed by Dr. G. Bird.

2141. Small mulberry calculus, removed by Mr. Key from J. H. In one direction it presents somewhat of a cubical figure.

2142. Small mulberry calculus, extracted from the bladder with Sir A. Cooper's forceps by Mr. Key.

2142<sup>15</sup>. Calculus composed of oxalate of lime, with much colouring matter of blood. Specific gravity 1·80.

Removed by Mr. Key, March, 1839. Analyzed by Dr. Bird.

2142<sup>20</sup>. Urinary calculus, having for a nucleus urate of ammonia and oxalate of lime. Body, uric acid and phosphates.

Removed by Mr. Key. Analyzed by Dr. Bird.

2142<sup>25</sup>. Urinary calculus, having for a nucleus oxalate of lime, lithic acid, and lithate of ammonia. Body, oxalate of lime, triple phosphate, lithic acid, and lithate of ammonia; crust, the white crystalline part triple phosphates, with traces of carbonate of ammonia.

Removed by Mr. Key, February, 1843. Analyzed by Dr. Rees.

2142<sup>30</sup>. Calculus, consisting of oxalate of lime, surrounded by earthy phosphates. Specific gravity 1.6.

Successfully removed by Mr. Key, 1839. Analyzed by Dr. Bird.

2142<sup>40</sup>. Urinary calculus, the body composed of oxalate of lime, and the crust of mixed phosphates. Specific gravity 1.5.

Removed by Mr. B. Cooper. Analyzed by Dr. Bird.

2142<sup>50</sup>. Calculus, consisting of external layers of crystals and oxalate of lime, deposited on a dense layer of oxalate, with a minute proportion of phosphate of lime; internal soft layer, carbonate and phosphate of lime, with lithic acid.

Removed from a boy aged 7, by Mr. Cooper, June, 1837. Analyzed by Dr. Rees. See Guy's Hosp. Rep., Series I. vol. ii. p. 409.

2142<sup>60</sup>. Urinary calculus, consisting of nucleus of uric acid, surrounded by urate of ammonia, Body, oxalate of lime; crust, mixed phosphates chiefly, with a covering of crystals of triple phosphate.

Removed by Mr. Key, December, 1843. Analyzed by Dr. Bird.

2142<sup>75</sup>. Calculus.

Removed by Mr. B. Cooper, from a girl 19 years of age, by dilatation of the urethra, January 15, 1840.

2143. Large cystic oxide calculus, of a beautiful bluish-green colour. This is the same calculus described and figured by Dr. Marcet in his work published in 1817; and the

second specimen analyzed by Dr. Wollaston, the discoverer of this variety of calculus, and described by him in the Philosophical Transactions for 1810. He found it accidentally amongst the collection of Guy's Hospital. When described by Dr. Marcet it was of a brown colour, but is now bluish-green, as here seen. It has been of this colour at least since the year 1830, and perhaps longer. This calculus is an inch and a fifth long, and one inch broad, and is probably the largest specimen of the kind recorded.

See drawing, 369<sup>88</sup>.

2144. Three small cystic oxide calculi, beautifully crystallized externally. They are described in Dr. Marcet's work as having been passed by Mr. B., aged 30, a stationer in the city, in the year 1814. About seven years before, he had been cut for stone, and a calculus extracted much resembling prep. 2143. He subsequently suffered from pain in the loins, followed by hæmaturia and the passing of cystic oxide calculi.

2145. Six small cystic oxide calculi, resembling the preceding, and very beautifully crystallized, subsequently passed by Mr. B. These have likewise undergone a change in colour, being now of a greenish hue.

2145<sup>35</sup>. Cystic oxide calculus, of a greyish colour and form of an eardrop, passed also by Mr. B. in the year 1828.

Drawing, 369<sup>91</sup>.

2145<sup>70</sup>. Small oval urethral calculus, composed of cystic oxide or cystine.

Removed by Mr. Key. Analyzed by Dr. G. Bird.

The subject of it was a young gentleman, 12 years of age, of a delicate and strumous habit. He never had any urinary symptoms until May, 1836, when he found he was unable to micturite. Mr. Key's assistance was sought, and the present calculus removed from the urethra. It presented, when quite recent, an amber and translucent appearance, and had not altered when described by Dr. Bird three years afterwards; it now, however, has a slight greenish hue on the cut surface. The urine of this boy also contained cystine. See analysis on the card.

See Guy's Hosp. Rep., Series I. vol. i. p. 488.



2145<sup>90</sup>. Portion of xanthic oxide calculus. This fragment is part of a calculus as large as a pullet's egg, and weighed three hundred and thirty-nine grains. Its section was a lustrous bright brown, and composed of concentric separable layers, without any appearance of crystalline or fibrous texture; it was hard, and had a wax-like lustre. It was removed from a peasant child, eight years of age, by Professor Langenbeck, at Hanover. Professor Stromeyer examined it, and found it to consist of xanthic oxide, the only known instance of its occurrence since Dr. Marcet's discovery. Professor Marx of Gottingen sent two fragments of the calculus to Dr. Willis, one of which is in the Museum of the College of Surgeons of London, and the other is the present specimen.

See Guy's Hosp. Rep., Series I. vol. vii. p. 202.

2146. A portion of gum elastic catheter, on which a thin and partial calculus deposit has been formed. The deposit is of a light colour, and probably consists of one of the phosphates.

2147. Female catheter, the extremity of which is covered by a pretty thick coating of triple phosphate acquired in fourteen days.

2147<sup>50</sup>. Bougie, coated with calculous matter, apparently phosphates, removed from the bladder of a patient of Mr. Cooper.

John P., aged 44.

8. Green Insp. Book, p. 141.

2147<sup>51</sup>. Bougie coated with phosphate of lime.

2148 Two calculi, composed of phosphate of lime; the one large, the other small. The latter has a smooth, polished, convex surface, fitted by attrition to a corresponding smooth concave surface on the former. Weight, 257 grains.

Removed by Sir A. Cooper. Analyzed by Dr. Babington.

2149. Two calculi, composed of phosphate of lime; the one 138 grains, the other 97.

Removed by Mr. B. Cooper from W. G., aged 54.

2150. Section of a small light-coloured calculus composed of phosphate of lime. It has a spongy, cancellated structure. "This is unlike any calculus I have seen; it seems to be a bony concretion, and not a deposition."

Dr. Babington.

2150<sup>50</sup>. Calculus apparently composed of phosphate of lime.

2150<sup>76</sup>. Urinary calculus.

Removed by Mr. Key from a little boy, October, 1845.

2151. Small fragments of a light-coloured calculus, which appears to be phosphate of lime.

2151<sup>25</sup>. Urinary calculus consisting of phosphate of lime, with a little triple phosphate.

Removed by Mr. Key, and analyzed by Dr. Babington.

2151<sup>70</sup>. Crystals of triple phosphate, being portions of a calculus found after death in the bladder of a patient of Mr. Cooper.

George H., aged 52.

Prep. 2100<sup>50</sup>.

1. Misc. Insp. Book, p. 104.

2152. Section of a large triple phosphate calculus of an elongated oval fissure. Nucleus a piece of tobacco pipe.

Mr. Goodwin of Derby.

2153. Triple phosphate calculus covered with minute bright crystals.

Removed by Mr. Key.

2154. Section of triple phosphate calculus—weight 205 grains. It is remarkable as having no nucleus but a central

cavity. It is lined with delicate crystals of triple phosphate, resembling the crystals of quartz so often found lining cavities in flints.

2154<sup>12</sup>. Calculus which appears to be composed of triple phosphate.

Removed by Mr. Key from Richard E., aged 8. Nov. 1828.

2154<sup>24</sup>. Calculus which appears to be composed of triple phosphate.

Removed by Mr. Key from George C., aged 12, Nov. 1828.

2154<sup>36</sup>. Section of a fusible calculus of a very friable structure. It appears to have received the form of the bladder, and taken the impression of considerable contraction about the neck. Nucleus urate of lime; body ammonio-magnesian phosphate, with phosphate of lime. The latter readily fuses into a colourless limpid bead, and is remarkable as having been formed on one side only of the calculus.

2154<sup>49</sup>. A small irregular calculus of loose structure, and apparently composed of the phosphates found in the pelvis of the kidney, which was much enlarged, and which also contained a considerable quantity of pus.

Anne L., aged 29.

See prep. 2069<sup>84</sup>.

1. Misc. Insp. Book, p. 92.

2154<sup>60</sup>. Two small fusible calculi; the external layers loose and friable. From a patient of Mr. Cooper's. The exterior is composed of fusible material, and the nucleus the same, with some traces of uric acid. Specific gravity 1.31.

Analyzed by Mr. Brett.

2154<sup>72</sup>. Section of a small fusible calculus, the external layers having a crystalline radiating structure; contains also a small quantity of lithic acid.

Removed from a female urethra by Mr. Key.

Analyzed by Dr. Bird.

2154<sup>84</sup>. Fusible calculus removed from a child six years old; removed by Mr. Key. It will be seen how the fusible part is deposited on one side of the nucleus.

2155. Calculus of considerable size, of an irregular figure, composed of oxalate and phosphate of lime. The nucleus consists of oxalate. External to this is oxalate with some phosphate; and the outside is phosphate of lime. Oxide of iron was detected in the ash by incinerating a portion of this calculus. The external part of the calculus is composed of phosphate of lime connected together by dried blood, and giving the surface a mammillated character. The oxide of iron is probably derived from the dried blood.

Analyzed by Mr. Brett.

2155<sup>25</sup>. Calculus removed from a boy, aged ten years, by Mr. B. Cooper, December, 1829. The nucleus is composed of uric acid. The clay-coloured part of oxalate of lime, and the white part of the body of triple phosphate in crystals. Specific gravity 1.510. Weight, 1½ ounces.

Analyzed by Dr. G. Bird.

2155<sup>50</sup>. Fusible calculus matter in a furfuraceous form, deposited in twenty-four hours. Weight, 7 drachms 37 grains.

From a lady about 36 years of age under Mr. Cooper.

2156. Sections of two fusible calculi having smooth worn corresponding convex and concave surfaces. Weight, 4 drachms 52 grains.

Removed by Sir A. Cooper. Analyzed by Dr. Babington.

2157. Section of fusible calculus. Weight, 90 grains.

Removed by Mr. Key.

2158. Fragments of three calculi composed of the fusible phosphate, with some layers of the phosphate of lime; they appeared to be lodged in the prostate, and were removed by Mr. Key. They weighed 1281 grains, and were fitted together by smooth curved surfaces. It may have been one calculus with three centres of deposit.

Drawing, 369<sup>96, 97</sup>. Analyzed by Dr. Babington.



2158<sup>50</sup>. Urinary calculus composed of fusible mixed phosphates.

Removed by Mr. Cooper.

2159. Section of fusible calculus. Weight, 5 drachms 9 grains. A part of it is faintly tinged with pink.

Removed by Mr. Key from the body of a child. Analyzed by Dr. Babington. This patient had passed a small elongated light pink translucent calculus, which after some weeks completely deliquesced. It was proved by Dr. Prout to consist of purpuric acid.

2159<sup>50</sup>. Two calculi composed of the phosphates; the first from the bladder, and the second from a cyst in the perinæum.

Removed at the same operation by Mr. Key from Charles K., aged 7 years, January 14, 1829.

2160. Two sections of a fusible calculus of very spongy texture.

Removed from the body of a child, S. S., about 17 months old, by Mr. Callaway. It has a very faint pink tinge.

6. Green Insp. Book, p. 12.

2160<sup>50</sup>. Fusible calculus.

Removed successfully by Mr. B. Cooper. Analyzed by Dr. G. Bird.

2161. Section of fusible calculus. Weight, 40½ grains. This is unlike most in being distinctly oval.

Removed by Mr. Key.

2162. Section of fragments of a fusible calculus with crystals of triple phosphate. Weight, 6 drachms 56 grains.

Analyzed by Dr. Babington.

2163. Section of a very irregular-shaped fusible calculus. Weight, 3 drachms 43 grains. Removed by Sir A. Cooper. This has evidently been formed in the pelvis of the kidney.

2163<sup>15</sup>. Urinary calculus. Nucleus composed of uric acid and mixed phosphates, and body of mixed fusible phosphates.

Removed by Mr. Cooper. Analyzed by Dr. Bird.

- 2163<sup>25</sup>. Urinary calculus. Nucleus composed of uric acid, and body of fusible mixed phosphates; and surface covered by crystals of triple phosphate.

Removed by Mr. Key. Analyzed by Dr. Bird.

- 2163<sup>60</sup>. Calculus; the central portions consisting of a mixture of lithic acid, with the ammonio-magnesian phosphate and phosphate of lime. The body and external portions of triple phosphate and phosphate of lime. This fused into a white enamel before the blow-pipe. Traces of oxide of iron were diffused throughout these concretions.

Removed successfully by Mr. Busk of the hospital ship *Dreadnought*.

2164. Section of a fusible calculus with a coating of triple phosphate. Weight, 143 grains. Removed by Mr. Key. This calculus bears the impression of the neck of the bladder. The patient, a boy, was frequently troubled with retention of urine.

- 2164<sup>60</sup>. Twelve calculi; one of considerable size, the others much smaller, modified by attrition. Removed after death from John M. One of these calculi has been analyzed and found to consist of the fusible phosphates, with slight traces of lithate of ammonia.

2166. Two sections of a calculus, the greater part oxalate of lime, with a nucleus of lithic acid. Weight, 365 grains. The irregular figure of the former deposit concealing the smooth central portion of the latter substance.

Removed by Mr. Key. Analyzed by Dr. Babington.

Drawing, 369<sup>91</sup>.

- 2166<sup>50</sup>. Calculus of the mulberry variety. The body consisting of oxalate of lime admixed with a small proportion of lithic acid and phosphates. The nucleus of lithic acid with traces of oxalate of lime.

Removed by Mr. Key, November, 1836, from William A., aged 14.

Analyzed by Dr. Rees.

2167. Section of a calculus of considerable size. Nucleus, lithic acid; exterior, oxalate of lime; the intervening portion composed of numerous thin alternate layers of lithic acid and oxalate of lime.

2168. Section of a very remarkable compound calculus, consisting of two zones of cystic oxide, with an oxalic nucleus. The following is the composition as described by Dr. Bird:—  
1. Nucleus of oxalate of lime; 2. A zone of green cystic oxide; 3. A zone of urate of ammonia, mixed with fawn coloured cystic oxide; 4. A zone of green cystic oxide; 5. A layer of urates of ammonia and soda; 6. Alternating layers of urates of ammonia and soda, with oxalate of lime.

Drawing, 369<sup>91</sup>.

2169. Section of a calculus weighing three hundred and ninety grains. Removed by Mr. Cooper from B. S., aged 15. Small nucleus of lithic acid, upon which is deposited a considerable quantity of oxalate of lime, succeeded by lithic acid and a few very thin layers of the oxalate.

2170. Section of a calculus weighing five hundred and eighty-seven grains. Removed by Mr. Cooper. Nucleus, lithic acid, succeeded by oxalate of lime, followed by a thick deposition of compact lithic acid.

Analyzed by Dr. Babington.

2170<sup>90</sup>. Small calculus of globular figure and mammillated surface. It has an oval nucleus of uric acid, on which is deposited a body of oxalate of lime, a crust of uric acid surrounding the whole. It is remarkable from several pink lines edging the concentric layers of oxalate of lime. This colour appears to be due to purpurine, or the common pink deposit of urine.

Removed by Mr. Key, August, 1828. Analyzed by Dr. G. Bird.

Drawing, 369<sup>91</sup>.

2171. Section of a calculus of considerable size. The nucleus appears to be lithic acid followed by oxalate of lime, upon which is a dark, very compact lamellated deposit of lithic

acid. It shows well how the intestines between the various projections are filled up with the uric acid deposit, so that it would be impossible to tell from its external appearance that it contained so large a nucleus of oxalate.

2172. Section of calculus, with nucleus of lithic acid, succeeded by oxalate of lime, followed by a thick external deposit of lithic acid.

2173. Section of a calculus, of which the central part is lithic acid, of a light colour, and very loose texture, with a thin coating of mulberry calculus. It has a rounded figure.

2174. Section of a calculus composed chiefly of lithic acid, with a nucleus of oxalate of lime.

2174<sup>25</sup>. Large urinary calculus, having for a nucleus oxalate of lime, and body uric acid and urate of ammonia. Specific gravity 1.712.

Removed by Mr. B. Cooper. Analyzed by Dr. G. Bird.

2174<sup>30</sup>. Section of a large calculus, principally composed of lithic acid upon a nucleus of oxalate of lime. The external crust consists, as regards the white portion, of ammonio-magnesian phosphate, with a small proportion of phosphate of lime, so that it is only imperfectly fusible; the fawn-coloured portion consists of urate of ammonia, with a small proportion of urate of lime, uric acid, and the earthy phosphates. The body of uric acid, urate of ammonia, a small proportion of muriate of soda, and earthy phosphates. The two first ingredients make up the great bulk of the calculus. The nucleus consists of oxalate of lime in several portions, cemented together by a mixture of the same ingredients as those existing in the body of the calculus.

Removed after death by Mr. Foaker of Great Baddon, Essex.

2175. Section of a large calculus composed chiefly of lithic acid, with a nucleus of oxalate of lime. There is, perhaps, a little lithic acid in the centre of the nucleus. Weight, 518 grains.

Removed by Mr. Key.



2176. Section of a calculus, of which the greater part is phosphate of lime, with a nucleus of lithic acid.

2176<sup>50</sup>. Section of a calculus weighing 2 ounces 1 drachm, composed principally of lithic acid, with a thin coating of phosphate of lime.

Removed after death from William G., aged 68.

1. Misc. Insp. Book, p. 85.

2177. Section of a small calculus of triple phosphate, with a nucleus of lithic acid.

From a boy, aged 4. Removed by Mr. Key, February, 1828.

2178. Section of a calculus composed of lithic acid, with a coating of triple phosphate. Weight, 118 grains.

Removed by Mr. Key. Analyzed by Dr. Babington.

2178<sup>50</sup>. Section of a small globular calculus, composed of uric acid, urate of ammonia, and urate of lime. Specific gravity 1.7.

Analyzed by Dr. Bird.

2179. Section of a calculus weighing ninety grains. Nucleus, lithic acid; exterior, fusible calculus.

Analyzed by Dr. Babington.

2179<sup>50</sup>. Section of a calculus weighing one hundred and sixty grains, said to be composed of lithic acid internally, and fusible phosphates externally; but it appears also to contain one or more layers of oxalate of lime.

Removed by Mr. Cooper. Analyzed by Dr. Babington.

1. Note-book, p. 68.

2180. Section of a calculus weighing eight hundred and eighty-eight grains. The inner and greater part of this calculus composed of lithic acid of loose texture; the outer part fusible calculus.

Removed by Mr. Key.

2181. Section of a large elongated calculus, composed chiefly of the fusible phosphate, with a nucleus of lithic acid.

2181<sup>35</sup>. Calculus, consisting of a nucleus of lithic acid of loose texture; exterior, fusible phosphates, with a few thin intervening layers of lithic acid.

Removed after death by Mr. Callaway. Analyzed by Dr. Rees.

2181<sup>70</sup>. Fragments of a fusible calculus, having a radiated loose structure, with a small nucleus of lithic acid and lithate of ammonia. The crust of fusible material.

Removed by Mr. Key.

2182<sup>33</sup>. Section of a calculus, composed internally of lithic acid; externally, of fusible calculus, with carbonate of lime.

Removed by Mr. Key. Analyzed by Dr. Rees.

2182<sup>77</sup>. Calculi, consisting of carbonate of lime, with mere traces of carbonate of magnesia and alumina.

2183. Section of a small compact fusible calculus, with a lithic acid nucleus.

2183<sup>50</sup>. Section of a calculus, composed internally of lithic acid; externally, fusible. Weight, half an ounce.

Removed by Mr. B. Cooper.

2183<sup>75</sup>. Calculus and fragment; the body is composed of fusible matter, and the exterior of fusible with lithic acid. The fragment is also composed of lithic acid and fusible calculus.

Removed by Mr. Key, September, 1839. Analyzed by Dr. Rees.

2184. Section of a large calculus weighing one thousand eight hundred and forty-eight grains, composed internally of lithic acid of loose texture, followed by a thin layer of phosphate, with a thick outer part of compact lithic acid. It will be observed that the outer edge has a purplish colour.

2185. Section of an alternating calculus, composed of triple phosphate, with an intermediate layer of lithic acid.

2186. Section of a calculus composed chiefly of lithic acid, which is separated into numerous layers by very thin intermediate deposits of phosphates.

Removed by Mr. Key from a boy two years and four months old.

2187. Section of a calculus, of considerable size, composed chiefly of lithic acid, separated by very thin layers of triple phosphate, and coated with fusible matter.

Removed by Sir A. Cooper.

2187<sup>50</sup>. Calculus composed of lithic acid internally, and carbonate of lime externally. The structure of this calculus is remarkable, the outer layer of the nucleus being broken into fragments, and separated from each other, yet firmly imbedded in the crust.

2188. Section of a large calculus, having a large nucleus of oxalate of lime, coated by fusible matter.

Removed from John H., aged 8, October 25, 1776.

2188<sup>35</sup>. Two sections of a large calculus weighing 6 ounces 5 drachms, consisting of a large nucleus of oxalate of lime, with several loose layers of the phosphates, and apparently a slight recurrence of oxalate of lime.

From John C., aged 40. November, 1829.

8. Green Insp. Book, p. 167.

2188<sup>70</sup>. Calculus, moulded to the infundibula of the kidney. The crust is smooth, of a very pale brown, and fusible; the interior perfectly white and hard, apparently consisting of oxalate of lime, mixed with phosphates. This calculus contains no lithic acid, and is interesting by showing that all kinds of calculi may be formed in the kidneys.

2189. Section of an alternating calculus, composed of layers of oxalate of lime and fusible matter. The former constitutes the nucleus.

2190. Section of a calculus, composed of alternate layers of oxalate of lime and triple phosphate. The former predominates internally, the latter towards the surface.

Removed by Mr. Key.

2191. Section of a calculus, composed of oxalate of lime and triple phosphate. The former predominating internally, the latter externally.

2191<sup>10</sup>. Urinary calculus, having for a nucleus oxalate of lime, and body triple phosphate.

Removed by Mr. Cooper. Analyzed by Dr. Bird.

2191<sup>20</sup>. Section of a large regular calculus, which weighed 7 ounces 7 drachms, removed after death from a patient of Mr. Cooper. It consists of a nucleus, and the stellated portion around it of oxalate of lime; the next band, phosphate of lime; from this band outwards, phosphate of lime, with variable proportions of triple phosphate of ammonia and magnesia. The rough patch at the end of the outer smooth surface consists of triple phosphate of ammonia and magnesia, with a little phosphate of lime.

Analyzed by Dr. Babington.

1. Note-book, p. 217.

2191<sup>20</sup>. Cast of the preceding calculus.

2191<sup>40</sup>. Section of a calculus of an oval figure, upwards of two inches in length by one inch and three-quarters in width, removed successfully by the high operation by Mr. Key from a little girl eight years of age. It consists of a nucleus of oxalate of lime, and a body compounded of layers of lithic acid and the phosphates.

Analyzed by Dr. Rees.



2191<sup>60</sup>. Section of a calculus, removed by Mr. Cooper, consisting internally of oxalate of lime; externally, of triple phosphate and carbonate of lime. February, 1833.

Analized by Dr. Rees.

2191<sup>80</sup>. Calculus, removed by Mr. Morgan, August 22, 1837. It appears to be composed of alternating layers of lithic acid and phosphates.

2192. Section of a calculus, composed internally of lithic acid followed by the fusible, and coated by the mulberry calculus; firmly granulated, and remarkably polished.

2193. Section of a calculus weighing five hundred and eighteen grains, composed principally of crystallized compact lithic acid. It has a nucleus of oxalate of lime, and a thin coating of phosphates.

Removed by Mr. Key. Analyzed by Dr. Babington.

2194. Section of a calculus, composed chiefly of lithic acid. Not far from the centre there is a thin layer of oxalate of lime, and a thin external one of triple phosphate.

Removed by Mr. Key. Analyzed by Dr. Dowler.

2194<sup>50</sup>. Section of a calculus, of which the nucleus and major part consists of lithic acid, with thin intermediate layers of oxalate of lime and the phosphates.

2195. Section of a calculus, having a nucleus of lithic acid, succeeded by a deposition of oxalate of lime, and coated with friable matter, which covers up all the inequalities of surface.

2196. Section of a calculus, having a nucleus of lithic acid, succeeded by oxalate of lime, upon which there is a deposition of lithic acid. External to this there are numerous thin layers of phosphate of lime and lithic acid, in which the former predominates. The oxalate layer has a slightly radiated appearance.

2197. Section of a calculus having a nucleus of oxalate of lime, followed by alternate layers of lithate of ammonia and the phosphates.

2197<sup>50</sup>. Two sections of a small calculus composed of lithic acid, phosphate, and oxalate of lime.

Removed by Mr. Key.

2198. Section of an alternating calculus, weighing nine hundred and thirteen grains; nucleus, lithic acid; inner dark layer, oxalate of lime; powdery layers, fusible calculus; smooth dark layer, phosphate of lime; white crystallized coat, triple phosphate. It is remarkable from the phosphate being deposited all on one side.

Case of John W. See prep. 2084.

Analyzed by Dr. Babington.

2199. Section of a calculus having a nucleus of lithic acid, and covered by alternate layers of oxalate and phosphate of lime, with a thick external coating of phosphate of lime. The form which these deposits take is well seen in this calculus; the uric acid nucleus being smooth externally; the oxalate of lime around this having a very irregular surface; and then again the irregularities of this being filled up by the phosphates.

2200. Section of a calculus having for a nucleus lithic acid, followed by alternate layers of oxalate of lime and the phosphates, in which the former predominates; and coated with fusible calculus.

2201. Section of a calculus having a considerable nucleus of lithic acid, followed by alternate layers of oxalate of lime and the phosphates, in which the former greatly predominates, and coated with fusible matter.

2201<sup>35</sup>. Calculus, removed by Mr. Cooper. Nucleus, lithic acid and oxalate of lime alternating with traces of lithate of ammonia. Body lithic acid, and coating fusible.

Analyzed by Dr. Rees.

2201<sup>70</sup>. Calculus, removed by Mr. Cooper. Nucleus, oxalate of lime; body, alternating layers of lithic acid and fusible calculus, and crust fusible.

Dr. Rees. May, 1834.

2202. Section of a calculus, weighing seven drachms and one scruple, composed chiefly of lithic acid. It has a nucleus and thin covering of oxalate of lime. Beneath the coating there is a deposit of triple phosphate; and a very minute quantity of the same deposit appears to exist between the layers of lithic acid.

Removed by Mr. Key from a young woman who had laboured ten years under the complaint.

Analyzed by Dr. Babington, 1828.

2202<sup>50</sup>. Calculus, composed internally of lithate of ammonia, and externally, fusible calculus.

Removed by Mr. Cooper from James S., aged six years, Jan., 1835.

Analyzed by Dr. Babington.

2203. Section of a compound calculus, consisting of oxalate of lime, with an admixture of lithic acid; some of the layers appear to consist almost entirely of the latter.

Removed by Mr. Key. Analyzed by Dr. Babington.

2203<sup>10</sup>. Two sections of a calculus. Nucleus, urate of ammonia; body, uric acid; crust, oxalate of lime. Specific gravity 1.681.

Removed by Mr. Cooper. Analyzed by Dr. Bird.

2203<sup>20</sup>. Compound urinary calculus of large regular figure and uneven surface, removed by Mr. Key. It consists interiorly of lithic acid, lithate of ammonia, and triple phosphate; external crust, oxalate of lime with lithic acid. February, 1835.

Analyzed by Dr. Rees.

2203<sup>40</sup>. Calculus, having for a nucleus lithate of ammonia; body, lithate of ammonia, with traces of oxalate of lime; external crust, oxalate of lime, with lithic acid and phosphate of

lime; inner crust, lithic acid, with traces of earthy phosphates. The small substance imbedded in the body of the calculus consists of oxalate and phosphate of lime.

Removed by Mr. Cooper, 1837. Analyzed by Dr. Rees.

- 2203<sup>60</sup>. Calculus, consisting of—external layer, oxalate of lime, with lithate of ammonia and phosphate of lime; body, same in composition, with occasional layers of oxalate of lime unmixed; nucleus, oxalate of lime.

Removed by Mr. Cooper, August, 1837. Analyzed by Dr. Rees.

- 2203<sup>80</sup>. Calculus weighing twenty-two grains; it consists of oxalate and carbonate of lime, and lithate of ammonia.

Removed from a boy by Mr. Cooper, March, 1835.

2204. Section of a compound calculus, consisting of lithic acid and oxalate of lime.

2205. Section of a compound calculus consisting of lithic acid and oxalate of lime, on a nucleus of lithic acid.

2206. Section of a compound calculus consisting of lithic acid and oxalate of lime, on a nucleus of lithic acid.

- 2206<sup>14</sup>. Compound urinary calculus of considerable size, of a regular ovoid figure, with uneven surface, consisting of lithic acid, oxalate of lime, and phosphate of lime.

- 2206<sup>28</sup>. Calculus, removed by Mr. Key in June, 1831. The nucleus consists of lithic acid, apparently impure. This is succeeded by oxalate of lime, forming an irregular coat. This again followed by lithic acid and lithate of ammonia; and the whole again encompassed with an external dark crust of oxalate of lime.

Analyzed by Dr. Rees.

- 2206<sup>42</sup>. Calculus, removed by Mr. Key from a boy, consisting of a nucleus of lithate of ammonia, succeeded by oxalate of lime, with lithic acid, and crusted with triple phosphate. February, 1834.

Analyzed by Dr. Rees.



2206<sup>60</sup>. Calculus, with a nucleus of lithic acid of loose texture, and probably impure, succeeded by oxalate of lime and fusible calculus, with a coating of the latter.

Removed by Mr. Morgan, Feb., 1833. Analyzed by Dr. Rees.

2206<sup>70</sup>. Calculus, removed by Mr. Cooper. It was enveloped in a complete cystiform layer of albuminous matter. Nucleus, oxalate of lime, with a considerable proportion of lithic acid. The body the same as the nucleus, but the lithic acid in very small proportion. Phosphate of lime seemed to cement the small spherical protuberances that make up the outer coat.

Analyzed by Dr. Rees.

2206<sup>75</sup>. Sections of urinary calculus. Nucleus, lithic acid; body, oxalate of lime and lithic acid; crust, externally, oxalate of lime—internally, carbonate of lime.

Removed by Mr. Cooper. Analyzed by Dr. Bird.

2206<sup>84</sup>. Calculus, removed by Mr. Cooper, consisting of a nucleus of oxalate of lime, and body of lithic acid, intersected by a layer of oxalate of lime; external crust also oxalate of lime. The body of the stone contains a quantity of the phosphates mixed with lithic acid.

Analyzed by Dr. Rees.

2207. Section of a compound calculus, consisting of a mixture of lithic acid and triple phosphate on a nucleus of lithic acid.

Removed by Mr. Key. Analyzed by Dr. Dowler.

2208. Section of a compound calculus, consisting of impure oxalate of lime on a nucleus of lithic acid.

2209. Section of a calculus, the extreme nucleus of which is lithic acid, exterior to which is a mixture of lithic acid and oxalate of lime; then a thin layer of oxalate of lime, followed by several compact layers of lithic acid, and surrounded by a thin coating of fusible matter.

Removed by Mr. Key. Analyzed by Dr. Dowler.

2210. Section of a large compound calculus, having a nucleus of oxalate of lime, followed by a loose and friable layer of urine and blood, with a thick and compact exterior of lithic acid.

Removed by Sir A. Cooper. The patient had suffered under symptoms of calculus for forty years.

2211. "Section of a calculus, composed of triple phosphates, coloured by an admixture of lithic acid; it fuses before the blowpipe." Fusible calculus (?).

Removed by Mr. Key. Analyzed by Dr. Dowler.

2212. Section of a calculus, weighing ninety-four grains, composed chiefly of triple phosphate, but having numerous layers coloured by purpuric acid.

Removed by Mr. B. Cooper from W. P., aged three and a half years.

- 2212<sup>5</sup>. Calculus, consisting of an external coat composed of lithic acid with fusible matter; body of lithic acid, triple phosphate, and lithate of ammonia; nucleus of lithic acid with oxalate of lime. There is a crust of the calculus apparent on the surface at one part, which is similar in constitution to the nucleus.

Removed by Mr. Morgan from John P., aged 35, Jan. 31, 1835.

Analyzed by Dr. Rees.

- 2212<sup>10</sup>. Calculus, the external crust consisting of fusible matter, with lithic acid and lithate of ammonia. The middle white layer of fusible calculus, with lithic acid and lithate of ammonia in less proportion. The body of lithate of ammonia, with traces of lithic acid and fusible calculus.

Removed by Mr. Key, 1837. Analyzed by Dr. Rees.

- 2212<sup>15</sup>. Fragments of a calculus, composed of lithate of ammonia, lithate of lime, and phosphate of lime; the superficial layers intermixed with red particles of blood. Specific gravity 1.40.

Analyzed by Mr. Brett.

2212<sup>20</sup>. Section of a calculus, of an ovoid figure, which weighed nearly three ounces. Removed after death from a patient of Mr. Key in 1834. The nucleus and body consist of lithic acid, with lithate of ammonia; the succeeding layers of lithic acid and lithate of ammonia; the external crust of fusible matter.

Analyzed by Dr. Rees.

2212<sup>21</sup>. Calculus, composed of lithate of ammonia.

Removed by Mr. B. Cooper. Analyzed by Dr. Bird.

2212<sup>22</sup>. Calculus, composed of lithate of ammonia. Specific gravity 1.457.

Removed by Mr. B. Cooper. Analyzed by Dr. Bird.

2212<sup>23</sup>. Section of a calculus, composed principally of lithate of ammonia.

Removed from a boy, aged four years, by Mr. Key in 1839.

Analyzed by Dr. Rees.

2212<sup>25</sup>. Section of a calculus, specific gravity 1.06, which has received the form of the bladder which it nearly filled; its surface is smooth, except where it corresponded to the fundus, where it is irregular and somewhat crystalline. The nucleus consists of uric acid and urate of ammonia. The alternate fairer-coloured layers of urate of ammonia and uric acid. The white concentric layers of fusible; and the superficial crust of urate of soda, urate of ammonia, urate of soda and uric acid in small quantity.

Analyzed by Mr. Brett. See bladder, 2092<sup>48</sup>.

7. Green Insp. Book, p. 126.

2212<sup>30</sup>. Calculus, removed by Mr. Key in 1835. It is of remarkable figure, elongated, and curved. The nucleus consists of oxalate of lime and urate of lime, of equal quantities. The body and crust consist of triple phosphate, urate of ammonia, and urate of soda.

Analyzed by Messrs. Brett and Bird.

2212<sup>33</sup>. Section of urinary calculus, having a body of uric acid; crust, of urate of lime and phosphates. Specific gravity 1.545.

Removed by Mr. B. Cooper. Analyzed by Dr. Bird.

2212<sup>35</sup>. Two urinary calculi—No. 1. Specific gravity 1.7, composed of uric acid, urate of ammonia, urate of lime, and earthy phosphates; No. 2. Specific gravity 1.68, composed of uric acid, urates of ammonia, and lime, phosphate of lime in small quantity.

Removed by Mr. B. Cooper from a private patient, aged 57, June, 1835. Analyzed by Messrs. Brett and Bird.

2212<sup>40</sup>. Section of a large urinary calculus. Specific gravity 1.72. Its nucleus consists of uric acid, urate of ammonia, and urate of lime. The brown crust and body of urate of soda and urate of ammonia, uric acid, and phosphate of lime. The superficial whitish crust of uric acid, urate of lime, and urate of ammonia.

Analyzed by Messrs. Brett and Bird.

2212<sup>46</sup>. Calculus. Specific gravity 1.64. The body composed of urates of ammonia and lime. The nucleus of uric acid.

Removed by Mr. Key from Charles F., aged 4, May 24, 1829.

Analyzed by Messrs. Brett and Bird.

2212<sup>62</sup>. Calculus, weighing one hundred and sixty-five grains. The nucleus consists of urate of soda, uric acid, and phosphate of lime. The body of urate of lime and phosphate of lime.

Removed by Mr. Fogerty, June, 1835, at Bombay, from a Hindoo child, aged 3 years and 9 months.

2212<sup>68</sup>. Calculus, consisting of uric acid, urate of lime, and urate of soda, with traces of phosphate of lime.

Removed by Mr. Cooper from a boy, aged 6 years, Jan., 1836.

Analyzed by Dr. Bird.

2212<sup>80</sup>. Section of urinary calculus; body, urate of ammonia; crust, phosphates and uric acid.

Removed by Mr. Cooper. Analyzed by Dr. Bird.



2212<sup>64</sup>. Section of a calculus, specific gravity 1.75, of an ovoid figure, with obscure traces of large crystallization on its surface. Its nucleus consists of urate of soda and urate of ammonia, and the alternate lighter-coloured layers of urate of ammonia, with traces of phosphate of lime. Second layer, urate of soda and urate of ammonia; and external crust, uric acid, urate of ammonia, with traces of phosphate of lime.

Removed by Mr. Key. Analyzed by Dr. Bird.

2212<sup>66</sup>. Urinary calculus. Nucleus, urate of ammonia, with some oxalate of lime. Body, uric acid. Crust, phosphates. Specific gravity 1.486.

Removed by Mr. B. Cooper. Analyzed by Dr. Bird.

2212<sup>70</sup>. A mixed mulberry calculus, removed by Mr. Key, consisting of oxalate of lime, ammoniaco-magnesian phosphate, traces of lithate of soda, and traces of lithate of ammonia.

Analyzed by Messrs. Bird and Brett.

2212<sup>76</sup>. Calculus, having for a nucleus uric acid and urate of lime; crust, phosphate of lime.

Removed by Mr. Hilton, Jan. 30, 1836. Analyzed by Dr. Bird.

2212<sup>82</sup>. Calculus, consisting of uric acid, urate of lime, and phosphate of lime.

Removed by Mr. Cooper, 1836. Analyzed by Dr. Bird.

2212<sup>88</sup>. Calculi, twenty-four in number. Some are fragments, but not of a large stone. Specific gravity 1.63. Consisting of uric acid (main bulk), urates of ammonia and lime; the latter in small proportions.

Presented by Mr. Pearse of Bradford, Wilts, who stated that "it was supposed originally to have formed one large calculus, and to have been split into fragments by the exhibition of Brandish's alkali." They were voided per urethram, and the patient quite recovered. 1835.

Analyzed by Messrs. Brett and Bird.

2212<sup>94</sup>. Section of a compound urinary calculus, removed by Mr. Key in 1834. Specific gravity 1.630. The nucleus consists of uric acid, with urate of ammonia, and traces of

oxalate of lime. Crust, immediately beneath the external brown one, urate of ammonia, uric acid, muriate of ammonia, phosphate of lime, phosphate of magnesia and ammonia, and carbonate of lime. External crust, oxalate of lime and resinoid colouring matter.

Analyzed by Dr. Bird.

2213. One hundred and forty-two calculi of various sizes, and mostly of a cubical figure. Removed by Sir A. Cooper from Mr. R. A. of Worcester, Nov. 11, 1811. They were supposed to consist of lithate of ammonia; Dr. Bird found them to consist mainly of uric acid, with traces of urate of soda and ammonia, with little phosphate of lime. The patient had afterwards another calculus, which on examination proved to be of a different kind from these. This was removed about five years afterwards, and he died soon after.

- 2213<sup>6</sup>. Thirteen distinct groups of calculi voided at different times from the same person. They are composed of urate of lime, with traces of urate of ammonia and oxalate of lime; the most external whitish crust being made up of phosphate of lime.

Analyzed by Messrs. Bird and Brett.

- 2213<sup>6</sup>. Calculus, weighing 3 ounces 5 drachms; circumference,  $7\frac{3}{4}$  inches and  $5\frac{1}{4}$  inches. Removed from the meatus urinarius of a female by Mr. Watson of Stourport. It appears externally to be composed of lithic acid.

- 2213<sup>7</sup>. Calculus, nearly as large as a hen's egg, voided through the meatus urinarius by a patient of Mr. Giraud of Feversham.

- 2213<sup>8</sup>. Nine calculi, of a rounded figure, and nearly as large as pigeons' eggs.

Removed after death from the bladder of John G. of Ipswich, aged 53, by Mr. Hingston, September 8, 1736.

- 2213<sup>9</sup>. Calculus, weighing 9 ounces.

Removed successfully by the lateral operation by Sir. A Cooper.

2213<sup>10</sup>. Calculus of somewhat flattened figure, weighing 16 ounces, removed by Sir A. Cooper by the lateral operation. It resisted all attempts to break it. The patient afterwards sunk.

2213<sup>11</sup>. Three calculi of large size; they are of a round, smooth figure, and appear to consist of lithic acid; they were attended with very little inconvenience. Removed after death from an elderly man.

Presented by Dr. Gideon Mantell

1. Note-book, p. 101.

2213<sup>12</sup>. Cast of a large calculus of a flat, oval figure, removed from the bladder of a female at Manchester by dilatation of the urethra. The operation is said not to have been followed by incontinence of urine.

2213<sup>13</sup>. Cast of a very large calculus, taken after death from the body of Sir Thomas A., aged 84.\* The original stone is now at Cambridge, and weighs 25 ounces. It had a strongly marked oblique depression on the lower half, apparently from the contraction of the bladder.

Presented by W. T. Iliff, Esq.

2. Note-book, p. 38.

2213<sup>14</sup>. Another cast of the preceding.

Vide Mr. Bryant's Catalogue.

2213<sup>15</sup>. Cast of a large calculus; it has nearly the same figure as the preceding, but not quite so large. Removed after death.

Presented by W. T. Iliff, Esq.

2213<sup>16</sup>. Cast of a calculus removed after death in the hospital at Augsburg.

1. Note-book, p. 208.

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\* Sir Thomas Adams was chosen Alderman of the city of London in the year 1609, and Lord Mayor in 1645. He was a staunch royalist, and was confined in the Tower by the republicans. Died in 1667.

2213<sup>17</sup>. Cast of a large calculus removed from the bladder after death. It is of a pyriform figure, having the apex upwards, and a slight constriction around the middle, more especially posteriorly.

Presented by Mr. Hardy of Hull.

2213<sup>18</sup>. Cast of a calculus which weighed 15 ounces.

Removed successfully from a man, aged 26, in the year 1835.

Presented by Mr. Page of Plymouth.

2. Note-book, p. 9.

2213<sup>19</sup>. Section of a large calculus, composed of layers of triple phosphate and lithic acid, with a coating of lithate of ammonia. The figure is remarkable in consequence of a small projection, occasioned by the imperfect adhesion of a second calculus.

See kidney, 2073<sup>80</sup>; and biliary calculi, 1973<sup>75</sup>.

Presented by Mr. Camplin of Finsbury Square.

2213<sup>20</sup>. Cast of a calculus weighing 13 ounces, of a spherical figure. It broke, and was removed in fragments, some of which were of large size, by Mr. Mayo of Winchester. The patient recovered.

2213<sup>21</sup>. Calculus, of the size of a large filbert, extracted from the urethra of Sir W. B. by Sir A. Cooper. Also, five calculi, of the size of small nuts, extracted in the same manner by Sir A. Cooper from the bladder of the Rev. Mr. Buller. 1825.

2213<sup>22</sup>. Sections of two small lithic acid calculi, found after death in the bladder of Sir W. B.

2213<sup>23</sup>. Part of a hat-pin, in the form of a distorted ring, removed from the bladder of a female by Sir A. Cooper. It had made its way by ulceration from the vagina.

2213<sup>24</sup>. Piece of French chalk attached to a shoe-horn, removed from the bladder by Mr. Callaway, jun.



Charles L., aged 18, admitted May 12, 1856. He had inserted the piece of chalk into the urethra with the string attached, and it having entered too far, he was unable to withdraw it. He then tied the shoe-horn to the other end to prevent the string escaping, and thus he came to the hospital. Mr. Callaway made an incision in the median line, cut the string, and extracted the chalk. The string has been subsequently tied.

Drawing, 369<sup>60</sup>.

- 2213<sup>25</sup>. Piece of slate pencil, removed from the bladder by Mr. Alfred Roberts of Sidney. It was stated that the patient had swallowed the pencil, which story appeared to be credited by the surgeons of Sidney hospital.

From J. B., a sawyer, aged 47, admitted August 9, 1856. Six months before, going into a companion's house, he picked up a piece of slate pencil, which he put into his mouth, and immediately afterwards, being offered a glass of spirits, he inadvertently swallowed the pencil. On the following day he said he experienced a pricking pain in the lumbar region, which continued for five weeks like that of renal calculus. Subsequently, having symptoms of stone in the bladder, he was sounded; one being, as was supposed, felt, he was operated on in the ordinary way of lithotomy. The stone broke, came away in pieces, and imbedded in it was a piece of slate pencil. He soon recovered. The pencil was two inches and a quarter long, pointed at one end, and smooth on the surface. The calculus measured three and a half to four inches long, and one and three-quarters to two inches broad. The man subsequently persisted in his story, and his friends fully corroborated his tale. Mr. Roberts in consequence was almost led to believe it, and surmised whether the pencil had ulcerated through from the intestine to the bladder. In all probability, however, the man invented the tale to hide the suspicion of his having introduced the body into the urethra.

- 2213<sup>26</sup>. Numerous small fragments of bone exhibited as urinary calculi for the purpose of exciting charity.

- 2213<sup>27</sup>. Sixteen calculi removed from the bladder after death. Each is larger than an ordinary-sized marble.

John R., aged 50, came into the hospital in a dying state, but it was discovered by Mr. Cock that his bladder contained numerous calculi. He had long been ill; but, having fallen into the hands of irregular practitioners, his disease had not been discovered. He died from the secondary effects on the bladder and kidneys. He was a man of immense bulk, and very fat.

Record of Insp. 87. 1859.

2213<sup>66</sup>. A large stone broken into fragments, and removed by Mr. Cock.

Alfred F., aged 18, in the hospital in March, 1858. He had suffered from symptoms of stone since infancy, but never to such an extent as to prevent his working as a tanner. Eight years before he was in an hospital, but no calculus was discovered. He was very ill on admission, and the stone was found to occupy nearly the whole bladder, so that an operation in the median line was preferred in order to extract it. He died not long afterwards of disease of the bladder and kidneys.

Record of Insp. 57. 1858.

2213<sup>60</sup>. Urinary calculus.

Successfully removed from a Hindoo boy, aged 6, November, 1849, by Mr. Lay, civil surgeon.

2213<sup>81</sup>. Small urinary calculus.

Successfully removed from a Hindoo, aged 25, January, 1850, by Mr. Lay, civil surgeon.

2213<sup>70</sup>. A urethro-vesical calculus of very remarkable form, being of the shape which has been styled "bar-shot," or "dumb-bell." It is composed of two portions, joined together by a narrow neck. It was thought that the larger part had been lying for some time in a pouch of the prostate, while the smaller portion remained in the bladder. The additional small calculus was, no doubt, placed immediately in front of the larger. The composition, as given by Dr. Odling, was—the nucleus uric acid; the exterior fusible, with traces of oxalate of lime; the intermediate portion chiefly consisted of oxalate of lime, though with very small amount of uric acid, and mixed with earthy phosphates.

The patient, Henry H., aged 20, had suffered from urinary symptoms since infancy, and was operated on by Mr. Poland in July, 1854.

See Guy's Hosp. Rep., Series III. vol. iii. p. 351.

2213<sup>80</sup>. Urinary calculus, having for its nucleus oxalate of lime, the remainder mixed with earthy phosphates, and composed chiefly of uric acid and urate of ammonia, with traces of oxalate of lime.

Removed by Mr. Cooper Forster. Analyzed by Dr. Odling.

2213<sup>81</sup>. Urinary calculus consisting of urate of ammonia and oxalate of lime.

Removed by Mr. Cooper Forster from F. M., aged 8, at the Children's Infirmary, August, 1851. Analyzed by Dr. Odling.

2213<sup>82</sup>. Urinary calculus, composed of oxalate of lime, with small quantities of earthy phosphates.

Removed by Mr. Cooper Forster. Analyzed by Dr. Odling.

2213<sup>83</sup>. Urinary calculus, composed of lithic acid, removed by Mr. Cooper Forster from the urethra.

2213<sup>84</sup>. Two calculi; the larger from a female, the smaller one from the urethra.

Mr. Cooper Forster.

2213<sup>85</sup>. Urinary calculus, having for its composition—nucleus, oxalate of lime, with uric acid and urate of ammonia; second layer, chiefly urate of ammonia, with uric acid. Circumference the same, in smaller proportions, with oxalate of lime and earthy phosphates.

Removed by Mr. Cooper Forster. Analyzed by Dr. Odling.

2213<sup>86</sup>. Urinary calculus—composition: circumference urate of ammonia, with uric acid and urate of soda; nucleus contains traces of oxalate of lime in addition.

Removed by Mr. Cooper Forster. Analyzed by Dr. Odling.

2213<sup>87</sup>. Urinary calculus, having for its interior uric acid and urate of ammonia, with traces of earthy phosphates and oxalate of lime; the exterior, oxalate of lime.

Removed by Mr. Cooper Forster. Analyzed by Dr. Odling.

2213<sup>88</sup>. Urinary calculus, having for its central portion uric acid and urate of ammonia, with smaller proportions of oxalate of lime. Circumference, oxalate of lime.

Removed by Mr. Cooper Forster. Analyzed by Dr. Odling.

(The following forty-three specimens were analyzed by Mr. Bransby Cooper. Full particulars of their history, with drawings, will be found in the note-book to which reference is made):—

2214<sup>5</sup>. Small oval calculus, removed by Mr. B. Cooper from David D., aged 5 years, May 12, 1841. The nucleus is urate of ammonia, surrounded by uric acid; and exterior phosphate of lime and phosphate of magnesia.

Case No. 1, Note-book.

2214<sup>6</sup>. Calculus, removed by Mr. Hilton from Thomas H. The nucleus urate of ammonia, next layer oxalate of lime, and exterior triple phosphate.

Case No. 1<sup>a</sup>, Note-book.

2214<sup>7</sup>. Calculus, removed by Mr. Cooper from William W., aged 21, September 15, 1841. Weight, 620 grains. Nucleus, urate of ammonia, surrounded by oxalate of lime; exterior, phosphate of lime, phosphate of magnesia, and the fusible compound.

Case No. 2, Note-book.

2214<sup>8</sup>. Calculus, removed by Mr. Hilton from a child, Elizabeth S., per urethram. The nucleus consists of urate of ammonia, the body of uric acid and urates, and exterior of triple phosphates.

Case No. 2<sup>a</sup>, Note-book.

2214<sup>9</sup>. Calculus, removed by Mr. Cooper from Charles C., aged 5½ years, October 22, 1841. Weight, 64 grains. Nucleus, urate of ammonia, surrounded by oxalate of lime; exterior, the fusible compound.

Case No. 4, Note-book.

2214<sup>10</sup>. Calculus, removed by Mr. Cooper from Benjamin W., aged 3½ years, October 3, 1843. Weight, 42 grains. Nucleus, urate of ammonia; exterior, phosphate of lime and phosphate of magnesia.

Case No. 5, Note-book.



2214<sup>11</sup>. Calculus, removed by Mr. Cooper from A. W., aged 52, June 1, 1841. Weight, 209 grains. Nucleus, urate of ammonia; next layers, oxalate of lime; and exterior, phosphate of lime and phosphate of magnesia.

Case No. 6, Note-book.

2214<sup>12</sup>. Calculus, removed by Mr. Cooper from Charles H., aged 3 years, March 28, 1843. Weight, 98 grains. Nucleus and body, urate of ammonia; exterior, phosphate of lime and phosphate of magnesia.

Case No. 7, Note-book.

2214<sup>13</sup>. Calculus, removed by Mr. Cooper from an adult, January 2, 1844. Weight, 530 grains. Nucleus, urate of ammonia, surrounded by oxalate of lime; exterior, fusible compound.

Case No. 7<sup>a</sup>, Note-book.

2214<sup>14</sup>. Calculus, removed by Mr. Cooper from William R., aged 4½ years, June 25, 1844. Weight, 35 grains. Nucleus, urate of ammonia and uric acid; exterior, oxalate of lime.

Case No. 8, Note-book.

2214<sup>15</sup>. Calculus, removed by Mr. Cooper from B., aged 30, August 9, 1844. Weight, 280 grains. Nucleus, urate of ammonia, surrounded by oxalate of lime; exterior, phosphate of lime.

Case No. 9, Note-book.

2214<sup>16</sup>. Calculus, removed by Mr. Cooper from Richard M., aged 3½ years, April 22, 1845. Weight, 85 grains. Nucleus and body, uric acid, with traces of oxalate of lime.

Case No. 10, Note-book.

2214<sup>17</sup>. Calculus, removed by Mr. Cooper from Geo. S., aged 2½ years, June 4, 1845. Weight, 23 grains. Nucleus, urate of ammonia, surrounded by thin layers of oxalate of lime; exterior, phosphate of lime.

2214<sup>18</sup>. Calculus, removed by Mr. Cooper from James J., aged 59, August 5, 1845. Weight, 600 grains. Nucleus and body, uric acid; coated externally by a very thin layer of phosphate of lime.

Case No. 12, Note-book.

2214<sup>19</sup>. Calculus, removed by Mr. Cooper from Joseph G., aged 9½, June 17, 1845. Weight, 460 grains. It consists of urate of ammonia, with very thin layers of phosphate of lime.

Case No. 13, Note-book.

2214<sup>20</sup>. Calculus, removed by Mr. Cooper from C., aged 8, December 20, 1845. Nucleus, urate of ammonia, surrounded by oxalate of lime; exterior, triple phosphate and phosphate of lime. Weight, 83 grains.

Case No. 14, Note-book.

2214<sup>21</sup>. Calculus, removed by Mr. Cooper from D., aged 5 years, October 18, 1846. Weight, 45 grains. It consists of urate of ammonia, with a little uric acid, and traces of earthy phosphates.

Case No. 15, Note-book.

2214<sup>22</sup>. Calculus, removed by Mr. Cooper from W. G., a boy, November 9, 1847. The nucleus is composed of urate of ammonia, and the exterior of uric acid. Weight, 225 grains.

Case No. 16, Note-book.

2214<sup>23</sup>. Calculus, removed by Mr. Cooper from a boy aged 8½ years, November 9, 1847. Weight, 293 grains. Composition, uric acid.

Case No. 17, Note-book.

2214<sup>24</sup>. Calculus, removed by Mr. Cooper from a boy aged 11, June 13, 1848. Weight, 100 grains. Nucleus, urate of ammonia; second layer, oxalate of lime; exterior, uric acid.

Case No. 18, Note-book.

2214<sup>25</sup>. Two calculi, removed by Mr. Cooper from Charles C., aged 15, February 17, 1848. Weights, 131 grains and 107 grains respectively. The one which is cut consists of uric acid, and is hollow in the centre.

Case No. 19, Note-book.

2214<sup>26</sup>. Calculus, removed by Mr. Cooper from G., aged 4 years, March 28, 1848. Weight, 23 grains. Nucleus, urate of ammonia; second layer, oxalate of lime; exterior, uric acid.

Case No. 20, Note-book.

2214<sup>27</sup>. Two calculi, removed by Mr. Cooper from James D., aged 10 years, April 19, 1848. Weight, 215 grains and 72 grains respectively. Nucleus, urate of ammonia, surrounded by oxalate of lime; exterior, triple phosphate and phosphate of lime.

Case No. 21, Note-book.

2214<sup>28</sup>. Calculus, removed by Mr. Cooper from M., aged 11 years, May 30, 1849. Weight, 400 grains. Nucleus, urate of ammonia and thin layers of oxalate of lime; exterior, fusible compound.

Case No. 22, Note-book.

2214<sup>29</sup>. Calculus, removed by Mr. Cooper from a boy aged 5 years, December 16, 1849. Weight, 62 grains. Nucleus, urate of ammonia; exterior, oxalate of lime.

Case No. 23, Note-book.

2214<sup>30</sup>. Calculus, removed from a child, 8½ years old, by Mr. Philbrick of Colchester, July 2, 1849. Weight, 480 grains. Nucleus, urate of ammonia; second layer, phosphate of lime; third layer, oxalate of lime; fourth layer, phosphate of lime; exterior, fusible compound.

Case No. 24, Note-book.

2214<sup>31</sup>. Large calculus, removed by Mr. Cooper from a farmer residing at Wellingborough, Notts, about the year 1832. The stone weighed 5½ ounces. The nucleus is oxalate of

lime, surrounded by uric acid and a little phosphate of lime.

Case No. 25, Note-book.

2214<sup>32</sup>. Calculus, removed from a Malay girl, living at the Cape of Good Hope, by dilatation of the urethra. Nucleus, urate of ammonia; exterior, oxalate of lime.

Case No. 26, Note-book.

2214<sup>33</sup>. Calculus, removed after death from the body of a negro boy, living at the Cape of Good Hope. Nucleus, urate of ammonia, surrounded by oxalate of lime; exterior, on one side only, fusible compound.

Case No. 27, Note-book.

2214<sup>34</sup>. Calculus, removed by Mr. Cooper from Thomas H. B., aged 58, June 1, 1861. Two stones were in the bladder, weighing 108 and 58 grains respectively. The present consists of urate of ammonia for nucleus, and phosphate of lime and magnesia for body and exterior.

Case No. 28, Note-book.

2214<sup>35</sup>. Section of a large uric acid calculus, removed by Mr. Cooper, May 21, 1850, from John B., aged 57. The nucleus has been lost. Weight, 557 grains.

Case No. 29, Note-book.

2214<sup>36</sup>. A pin, coated with phosphates, removed by Mr. Cooper from G. W. B., aged 10 years, July 31, 1850. The lad was admitted with symptoms of stone, but a catheter detected a hard substance in the membranous portion of the urethra, where also it could be felt externally. He could not explain how the pin got there.

Case No. 31, Note-book.

2214<sup>37</sup>. Calculus, composed chiefly of uric acid, but having a nucleus of oxalate of lime.

Removed by Mr. Cooper, August 13, 1850, from Geo. Q., aged 68.

Case No. 32, Note-book.



2214<sup>39</sup>. Section of a calculus, removed by Mr. Cock from Samuel S., aged 5 years. The nucleus is uric acid and urate of ammonia, surrounded by oxalate of lime and fusible phosphates.

Case No. 33, Note-book.

2214<sup>39</sup>. Section of a large calculus, removed from Elias W., aged 29, who came from the Cape of Good Hope to be operated on. The nucleus is uric acid; external to this is oxalate of lime; again, oxalate of lime with uric acid, ammonio-magnesian phosphate with urate of ammonia; and quite externally, ammonio-magnesian phosphate, with layers of the same salt mixed with urate of ammonia.

Analyzed by Dr. Pavy.

Case No. 34, Note-book.

2214<sup>40</sup>. Calculus, consisting of urate of ammonia for nucleus, and triple phosphate, with traces of oxalate of lime, for exterior. Removed by Mr. Cooper from Thomas W., aged 21, February 26, 1851. Two stones were extracted, weighing respectively 61 and 53 grains.

Case No. 35, Note-book.

2214<sup>41</sup>. Two uric acid calculi, removed from James P., aged 75, by Mr. Cooper, March, 1851. One of them extracted during life weighed 465 grains; the other was found after death sacculated in the bladder, and weighed 416 grains.

See drawing, having the stone in situ.

Case No. 36, Note-book.

2214<sup>42</sup>. Calculus, composed of alternate layers of oxalate of lime and crystallized triple phosphate. Removed by Mr. Cooper from Wm. N., aged 8 years, September 26, 1851. Weight, 142 grains.

Case No. 37, Note-book.

2214<sup>43</sup>. Section of a calculus, composed mostly of uric acid and urates, but having thin layers of oxalate of lime and traces

of earthy phosphates. Removed by Mr. Cooper from Henry M., aged 11 years, November, 1831. Weight, 362 grains.

Case No. 38, Note-book.

2214<sup>44</sup>. Section of a calculus, of which the nucleus is urate of ammonia, the body uric acid and oxalate of lime, and the exterior earthy phosphates. Removed by Mr. Cooper from Edward D., aged 18, November 17, 1851. Weight, 472 grains.

Case No. 39, Note-book.

2214<sup>45</sup>. Large calculus, removed by Mr. Cooper from William E., aged 68, May, 1852. Composition—nucleus and body uric acid, with fine layers of urate of ammonia, urate of lime, phosphate of lime, and oxalate of lime. Weight, 2 ounces  $1\frac{1}{2}$  drachms.

Case No. 40, Note-book.

2214<sup>46</sup>. Calculus, removed by Mr. Cooper from Ellen K., aged 6, September 15, 1852. Nucleus, urate of ammonia, coated with urate of lime, phosphate of lime, and phosphate of magnesia; exterior, fusible matter. Weight, 150 grains.

Case No. 41, Note-book.

2214<sup>47</sup>. Two calculi, removed from John R., aged 54, by Mr. Cooper, in 1851. They weighed respectively 91 and 90 grains, and consisted of—nucleus and body uric acid, with traces of urate of ammonia, and layers of oxalate of lime.

Case No. 42, Note-book.

2215<sup>5</sup>. Urinary calculus. Internal yellow portion, uric acid and urate of ammonia; external white portion, mixed earthy phosphates, with urate of ammonia. Weight, 101 grains.

Removed by Mr. Cock, and analyzed by Dr. Odling, April 4, 1851.

2215<sup>6</sup>. Urinary calculus. Centre, uric acid, with urates of ammonia; exterior, triple phosphate.

Removed by Mr. Cock, August 29, 1848. Analyzed by Dr. Odling.

2215<sup>7</sup>. A mulberry calculus.

Removed by Mr. Hilton, February 24, 1852.

2215<sup>8</sup>. Calculus, composed chiefly of oxalate of lime, but having a nucleus of uric acid.

Removed by Mr. Cock, January 22, 1851. Analyzed by Dr. Odling.

2215<sup>9</sup>. Urinary calculi, composed externally of earthy phosphates, and internally of oxalate of lime, with uric acid and urate of ammonia.

Removed by Mr. Cock, August 24, 1852. Analyzed by Dr. Odling.

2215<sup>10</sup>. Calculus, having for its composition—externally, urate of ammonia and earthy phosphates; within this, oxalate of lime in small quantities; more internally, urate of ammonia, soda, and lime; and centrally, urate of ammonia and uric acid.

Removed by Mr. Hilton. Analyzed by Mr. B. Cooper.

2215<sup>11</sup>. Calculi, consisting internally of uric acid and urate of ammonia; with some oxalate of lime; externally, of earthy phosphates, with some triple phosphate.

Removed by Mr. Poland, Sept. 14, 1852. Analyzed by Dr. Odling.

2215<sup>12</sup>. Calculus, of which the great bulk is oxalate of lime, but coated with earthy phosphates, and having for a nucleus uric acid and urate of ammonia.

Removed by Mr. Hilton, October 19, 1852. Analyzed by Dr. Odling.

2215<sup>13</sup>. A mulberry calculus, having a small amount of uric acid in its very centre.

Removed by Mr. Cock, Oct. 28, 1851. Analyzed by Dr. Odling.

2215<sup>14</sup>. Calculus, composed chiefly of uric acid, but mixed with earthy phosphates and urate of ammonia.

Removed by Mr. Cock, November 11, 1851. Analyzed by Dr. Odling.

2215<sup>16</sup>. A few small phosphatic calculi, out of thirty or forty.

Removed during life from fistulous urinary sinuses of Thomas W.,  
by Mr. Cock, March 9, 1853.

2215<sup>16</sup>. A large calculus, composed chiefly of fusible compounds,  
with some lithate of ammonia.

Removed by Mr. Hilton, April 23, 1852.

2215<sup>17</sup>. Calculus, composed of uric acid, urate of ammonia, urate of  
lime, phosphates of lime and ammonia, and phosphate of  
magnesia, situated in the membranous part of the urethra.

Removed by Mr. Hilton, August 5, 1850. Analyzed by Dr. Odling.

2215<sup>18</sup>. Calculus having for a nucleus oxalate of lime, with earthy  
phosphates; exterior of uric acid and urate of ammonia,  
with slight traces of earthy phosphates.

Removed by Mr. Hilton, August 1, 1852. Analyzed by Dr. Odling.

2215<sup>19</sup>. Phosphatic calculi in fragments.

Removed by Mr. Cock, October 21, 1851. Analyzed by Dr. Odling.

2215<sup>20</sup>. Calculus having for its composition—externally, phosphate  
of lime with ammonia, some fusible matter, and centrally,  
uric acid and oxalate of lime.

Removed by Mr. Cock. Analyzed by Dr. Odling.

2215<sup>21</sup>. Calculus, composed centrally of uric acid and urate of  
ammonia; outer layer, oxalate of lime; and exterior,  
crystals of lime.

Removed by Mr. Hilton. Analyzed by Dr. Odling.

2215<sup>22</sup>. Calculus, having for a nucleus oxalate of lime; external to  
this, uric acid, with urate of ammonia and soda; circum-  
ference, chiefly of mixed earthy phosphates.

Removed by Mr. Cock, Nov. 4, 1851. Analyzed by Dr. Odling.

2215<sup>23</sup>. Urinary calculi, removed after death from J. B., a patient  
of Mr. Cock, May 23, 1852. The smaller calculus was



removed from the urethra, where it had been retained for some months. Externally they are covered with earthy phosphates.

- 2215<sup>24</sup>. Calculus, having for its nucleus uric acid, surrounded by a layer coloured by purpurine. The intermediate irregular portions, oxalate of lime; and the exterior, a mixture of oxalate of lime with uric acid and urate of ammonia.

Removed by Mr. Hilton, Feb. 26, 1850. Analyzed by Dr. Odling.

- 2215<sup>25</sup>. Urinary calculus, composed of mixed earthy phosphates, with uric acid and urate of ammonia; a nucleus of uric acid.

Removed by Mr. Hilton, April 27, 1852. Analyzed by Dr. Odling.

- 2215<sup>26</sup>. Calculus, having for its central parts uric acid with urate of ammonia; and exterior, mixed earthy phosphates.

Removed by Mr. Cock. Analyzed by Dr. Odling.

- 2215<sup>27</sup>. Calculus, having for a nucleus oxalate of lime; without this, uric acid; and externally, earthy phosphates.

Removed by Mr. Cock, February 1, 1853. Analyzed by Dr. Odling.

- 2215<sup>28</sup>. Calculus, having for a nucleus and body uric acid, and surrounded by a crystalline layer of the ammonio-magnesian phosphate.

Removed by Mr. Poland. Analyzed by Dr. Pavy.

- 2215<sup>29</sup>. Calculus, composed of uric acid and urate of ammonia.

Removed by Mr. Hilton, August 27, 1850. Analyzed by Dr. Odling.

- 2215<sup>30</sup>. Calculus, composed of uric acid and urate of ammonia, with mixed phosphates externally.

Removed by Mr. Cock, August 17, 1852. Analyzed by Dr. Odling.

- 2215<sup>31</sup>. Calculus, composed chiefly of uric acid, but also having

urate of ammonia, urate of soda, urate of lime, and earthy phosphates in small quantities.

Removed by Mr. Key. Analyzed by Dr. Odling.

2215<sup>32</sup>. A large calculus, removed after death from a patient of Mr. Key. 1839.

2215<sup>33</sup>. Urinary calculus, composed of uric acid. Specific gravity 1.675.

Removed by Mr. B. Cooper. Analyzed by Dr. Bird.

2215<sup>34</sup>. A fusible calculus, with a lithic acid nucleus, removed by Mr. Key.

2215<sup>35</sup>. Calculus, composed chiefly of uric acid, but containing also lithate of ammonia, muriate of ammonia, phosphate of lime, and triple phosphate, with some animal and colouring matter.

Analyzed by Mr. Brett.

2215<sup>36</sup>. An oxalate of lime calculus.

Removed by Mr. Key, September 28, 1852.

2215<sup>37</sup>. A calculus, composed internally of lithic acid, and externally of oxalate.

2216<sup>5</sup>. An irregular-shaped calculus, having apparently two or three nuclei, and composed of oxalate of lime and the earthy phosphates.

2216<sup>6</sup>. Small fusible calculus, with a nucleus of lithic acid.

Removed by Mr. Key from a patient aged 4, May 5, 1828.

2216<sup>7</sup>. A calculus composed of lithic acid, with a nucleus of oxalate of lime. Weight, 518 grains.

2216<sup>8</sup>. A cast of a large lithic acid calculus.

2216<sup>9</sup>. Section of a large oval lithic acid calculus.

2216<sup>10</sup>. A section of a large oval lithic acid calculus.

2216<sup>11</sup>. A section of a large lithic acid calculus. Weight, 1531 grains. This is apparently the counterpart of No. 2114. The original paper in which the calculus was wrapped contained the following :—"This wonderful stone, by the blessing of God, was happily extracted from Mr. Walker by the judicious Mr. Richard Lambert of Newcastle, on the 17th June, 1760, at the age of 56, who lived seven years after, and worked at his trade."

2216<sup>12</sup>. Section of a large lithic acid calculus.

2216<sup>13</sup>. Section of a mulberry calculus, apparently the counterpart of 2141.

2216<sup>14</sup>. Section of a lithic acid calculus. Weight, 178 grains.

2216<sup>15</sup>. Section of a calculus, with a lithic acid nucleus; body of oxalate of lime, and exterior lithic acid. Weight, 587 grains. Specific gravity 1.517.

Sir A. Cooper.

2216<sup>16</sup>. Section of a calculus, removed after death, August, 1841. Weight, 600 grains.

2216<sup>17</sup>. Calculus, composed mostly of lithic acid, of remarkably dark irregular appearance. External coat, carbonate of lime.

2216<sup>18</sup>. Section of a calculus composed of oxalate of lime, in combination with lithic acid. Weight, 1 ounce.

Mr. B. Cooper.

2216<sup>19</sup>. Section of a round lithic acid calculus. Weight, 5 drachms 9 grains. This appears to be the counterpart of 2113.

2216<sup>20</sup>. Section of an irregular-shaped calculus, composed of lithic acid. Weight, 428 grains.

Removed by Mr. Cooper from Matthew W., aged 50.

2216<sup>21</sup>. Calculus, composed of lithic acid, and crusted externally with phosphates and fusible matter. Apparently the counterpart of 2198.

Sir A. Cooper.

2216<sup>22</sup>. Section of a lithic acid calculus. Weight, 308 grains.

Removed by Mr. Key from a patient aged 9, May 5, 1825.

2216<sup>23</sup>. Section of a small calculus, composed apparently of lithic acid, with a coating of fusible matter.

2216<sup>24</sup>. Fusible calculus, with coating of triple phosphate. Weight, 134 grains.

2216<sup>25</sup>. Fusible calculus. Weight, 94 grains.

Removed by Mr. Cooper from William P., aged 3½ years.

2216<sup>26</sup>. Section of an irregular-shaped lithic acid calculus. Weight, 258 grains.

Removed by Mr. Cooper from F. V., aged 14.

2216<sup>27</sup>. Section of a lithic acid calculus, removed by Mr. Key. Weight, 198 grains.

2216<sup>28</sup>. Section of a calculus, apparently fusible.

2216<sup>29</sup>. Section of a calculus composed of lithic acid, with a coating of triple phosphate. Weight, 118 grains.

Removed by Mr. Key from a patient aged 9, May 5, 1825.

2216<sup>30</sup>. Section of a calculus, composed chiefly of fusible compound, and having a nucleus of lithic acid. Weight, 90 grains. September 10, 1827.

2216<sup>31</sup>. Section of a small round calculus, composed externally of fusible matter, and within of lithic acid. Weight, 36 grains.

Removed by Mr. Tyrell, June 5, 1825.



2216<sup>32</sup>. Section of a small lithic acid calculus.

2216<sup>33</sup>. Calculus, composed chiefly of oxalate of lime, but having a nucleus of lithic acid, and coated with the same. Weight, 390 grains. This is evidently a counterpart of 2169.

Removed by Mr. B. Cooper from S. Short, aged 19.

2216<sup>34</sup>. Section of a small calculus, composed of lithate of ammonia.

2216<sup>35</sup>. Small fusible calculus. Weight, 40 grains.

Mr. Key.

2216<sup>36</sup>. Section of a lithic acid calculus. Weight, 78 grains. September 10, 1827.

2216<sup>37</sup>. Section of a lithic acid calculus. Weight, 96 grains.

2216<sup>38</sup>. A mixed calculus, consisting of oxalate of lime, carbonate of lime, and lithate of ammonia. Weight, 22 grains.

A boy, aged 4. Mr. Cooper.

2216<sup>39</sup>. Portion of a calculus apparently fusible.

2216<sup>40</sup>. A small lithic acid calculus. Weight, 6 grains.

2216<sup>41</sup>. Section of a mulberry calculus. Patient between 40 and 50 years of age. Weight, 290 grains.

Removed by Sir B. C. B., 1842.

2216<sup>42</sup>. Section of a lithic acid calculus. Weight, 207 grains.

2216<sup>43</sup>. Section of a calculus, removed by Mr. Key in 1841.

2216<sup>60</sup>. Section of a large oxalate of lime calculus, said to have been removed by Mr. Callaway, sen.

2216<sup>61</sup>. Section of an oxalate of lime calculus, surrounded by phosphates.

Removed by Mr. Callaway, jun.

2216<sup>52</sup>. Counterpart of the above.

2216<sup>53</sup>. Section of a large lithic acid calculus.

Removed by Mr. Callaway.

2216<sup>54</sup>. Section of a large lithic acid calculus, surrounded by phosphates.

Removed by Mr. Callaway, jun., October, 1856.

2216<sup>55</sup>. Section of a lithic acid calculus.

Removed by Mr. Callaway, jun., June, 1857.

2216<sup>56</sup>. Section of a calculus, removed by Mr. Callaway, jun.  
Weight, 194 grains. Composed apparently of alternate layers of lithic acid and phosphates.

2216<sup>57</sup>. Section of a lithic acid calculus.

Removed by Mr. Callaway, jun.

2216<sup>58</sup>. Section of a calculus, having a lithic acid nucleus, with layers of same, alternating with phosphates.

Removed by Mr. Callaway.

2216<sup>59</sup>. A small urethral calculus.

From a patient, aged  $3\frac{1}{2}$  years, of Mr. Callaway, jun.

2216<sup>60</sup>. Small urethral calculus.

From a patient of Mr. Callaway, jun.

2216<sup>61</sup>. Small urethral calculus.

From a patient of Mr. Callaway, jun.

2217<sup>5</sup>. Section of calculus. Weight, 280 grains.

Removed by Mr. Cock from Walter C., aged 7, November 14, 1854.

2217<sup>6</sup>. Section of an oval calculus. Weight, 360 grains.

Removed by Mr. Cock from Geo. T., aged 25, September 19, 1854.

2217<sup>7</sup>. Section of calculus, composed of numerous layers.

Removed by Mr. Cock from Wm. N., aged 12, January 18, 1857.

2217<sup>8</sup>. Calculus, removed from the urethral end of the prostate by Mr. Cock, through an incision in the median line. Weight, 13 grains.

James B., aged 18, November 10, 1856.

2217<sup>9</sup>. Two calculi. Weight, 30 grains.

Removed by Mr. Cock from Henry C., aged 3, August 19, 1856.

2217<sup>10</sup>. Calculus.

Removed by Mr. Cock from Osborn M., aged 6, October 14, 1854.

2217<sup>11</sup>. Section of a calculus, composed of various layers. Weight, 310 grains.

Removed by Mr. Cock from Henry C., aged 13, Sept. 12, 1854.

2217<sup>12</sup>. Small calculus.

Removed by Mr. Cock from Wm. V., aged 2½ years, Aug. 21, 1855.

2217<sup>13</sup>. Calculus. Weight, 58 grains.

Removed by Mr. Cock from John C., aged 16, January 30, 1855.

2217<sup>14</sup>. Section of an irregular-shaped calculus.

Removed by Mr. Cock from Wm. W., aged 9 years, Sept. 24, 1853.

2217<sup>15</sup>. Five calculi.

Removed by Mr. Cock.

2217<sup>16</sup>. A long oval calculus, removed by Mr. Cock from A. B., aged 10, January 10, 1857. The calculus was impacted in the prostate and bladder, and was removed by the middle section. Weight, 210 grains. The section shows apparently uric acid and phosphates in alternate layers, and surrounded by the fusible compound.

2217<sup>17</sup>. Section of a large oval calculus. Weight, 500 grains. It looks as if almost wholly composed of phosphate of lime.

Removed by Mr. Cock from Isaac B., aged 67, June 6, 1854.

2217<sup>18</sup>. A small calculus, apparently lithic acid. Weight,  $11\frac{1}{2}$  grains.

Removed by Mr. Cock from Geo. C., aged  $4\frac{1}{2}$  years, Jan. 29, 1856.

2217<sup>19</sup>. A small calculus, apparently lithic acid. Weight,  $2\frac{1}{2}$  grains.

Removed by Mr. Cock from Walter C., aged 2, February 12, 1856.

2217<sup>20</sup>. Portions of a phosphatic stone.

Removed by Mr. Cock, January 18, 1854.

2217<sup>21</sup>. Calculus deposit on a piece of shoe lace introduced into the bladder.

Removed by Mr. Cock from George H.

2217<sup>22</sup>. Two small round urethral calculi.

From a patient of Mr. Cock.

2217<sup>23</sup>. A large oval calculus. Weight, 1610 grains. It is a lithic acid calculus, surrounded by phosphates, apparently of the fusible kind.

Removed by Mr. Cock from Harry B., aged 60.

Record of Insp. 119. 1856.

2217<sup>24</sup>. Calculus. It appears lithic acid, surrounded by phosphates.

Removed by Mr. Cock from Henry R., aged 8, March 9, 1852.

2217<sup>25</sup>. A large calculus, composed apparently almost entirely of earthy phosphates.

Joseph J., aged 77, under Mr. Cock, June 14, 1853.

2217<sup>26</sup>. Section of a calculus, composed of numerous layers, apparently of lithic acid and phosphates. Weight, 206 grains.

Removed by Mr. Cock from John S., aged  $2\frac{1}{2}$  years, Nov. 11, 1851.

2217<sup>27</sup>. Section of a mulberry calculus.

Removed by Mr. Cock from John D., aged  $14\frac{1}{2}$  years, Oct. 28, 1851.



- 2217<sup>28</sup>. Calculus, apparently lithic acid. Weight, 29 grains.  
Removed by Mr. Cock from Charles D., aged 2½ years, Jan. 13, 1857.
- 2217<sup>29</sup>. Small mulberry calculus. Weight, 150 grains.  
Removed by Mr. Cock from Charles P., aged 15, July 1, 1856.
- 2217<sup>30</sup>. Calculus. It is of a pear or bottle shape.  
Removed by Mr. Cock from a girl, aged 6, September 28, 1854.
- 2217<sup>31</sup>. A large calculus, of white colour, composed probably of the mixed phosphates. It weighed 4 ounces 40 grains.  
Removed by Mr. Cock from Wm. B., aged 23.
- 2217<sup>32</sup>. Section of a small calculus, composed apparently of numerous layers of lithic acid.  
Removed by Mr. Cock from Henry P., aged 4, August 2, 1853.
- 2217<sup>33</sup>. Section of a small lithic acid calculus.  
Removed by Mr. Cock from Wm. D., aged 5, July 4, 1853.
- 2217<sup>34</sup>. Section of a calculus. Apparently alternate layers of lithic acid and phosphates, with nucleus of the former.  
Removed by Mr. Cock.
- 2217<sup>35</sup>. Section of calculus. Weight, 360 grains.  
Removed by Mr. Cock from Mrs. S., by dilatation and incision, September 1, 1854.
- 2217<sup>36</sup>. Section of calculus.  
Removed by Mr. Cock from Robert H., aged 19, July 15, 1853.
- 2217<sup>37</sup>. Section of a mulberry calculus. Weight, 950 grains.  
Removed by Mr. Cock from Mr. Y., April 4, 1855.
- 2217<sup>38</sup>. Portions of gutta percha bougie extracted from the bladder of Henry S., by lateral incision, October 16, 1855. The piece removed by Mr. Cock measured 5 inches in length.

2217<sup>39</sup>. Section of a large lithic acid calculus. Weight 1007 grains.

Removed by Mr. Cock from Giles N., February 5, 1857.

Record of Insp. 23. 1857.

2217<sup>40</sup>. Calculus, covered with phosphates, removed after death from a cavity communicating with the bladder.

. James B., aged 44.

Record of Insp. 69. 1858.

2217<sup>41</sup>. Calculus. Weight, 25 grains.

Removed by Mr. Cock from Walter F., aged 4, June 15, 1857.

2217<sup>42</sup>. A Calculus. Weight, 314 grains.

Removed after death from Charles F., aged 42, under Mr. Cock, June, 1857.

Record of Insp. 112. 1858.

2217<sup>44</sup>. A large calculus, apparently composed of fusible matter, removed from the kidney after death.

Mr. C. was under Mr. Cock's care in August, 1853, for symptoms connected with the kidney and bladder.

2217<sup>45</sup>. Calculus. Weight, 50 grains.

Removed by Mr. Cock from Wm. A., aged 3½ years, Sept. 5, 1855.

2217<sup>46</sup>. Two calculi.

Removed by Mr. Cock from Wm. W., aged 6½ years, April 18, 1854.

2217<sup>47</sup>. Calculus. Weight, 90 grains.

Removed from Joseph P., aged 7, by Mr. Cock, June 29, 1858.

2217<sup>48</sup>. Urinary concretion on a stalk of parsley.

Removed by Mr. Cock from the bladder, November 3, 1852.

2217<sup>49</sup>. Section of an oval calculus. Weight, 96 grains.

Removed by Mr. Cock from Edward C., aged 3, Nov. 23, 1858.

2217<sup>60</sup>. Tolerably large calculus. Weight, 227 grains.

Removed by Mr. Cock from John F., aged 4½ years, August 17, 1858.

2217<sup>61</sup>. Three small calculi. Weight, 34 grains.

Removed by Mr. Cock from Chas. M., aged 6½ years, May 11, 1858.

2217<sup>62</sup>. Mulberry calculus. Weight, 166 grains.

Removed by Mr. Cock from Samuel K., aged 17, Nov. 16, 1858.

2217<sup>63</sup>. A large irregular calculus, apparently from the kidney.

George S., under Mr. Cock.

2217<sup>64</sup>. Section of a calculus. Weight, 105 grains. It has a nucleus of lithic acid, set in a body having a greyish tint like cystic oxide.

Removed from W. W., aged 7, June 9, 1854.

2217<sup>65</sup>. A small lithic acid calculus. Weight, 18 grains.

Removed by Mr. Cock from John M., aged 4, October 15, 1856.

2217<sup>67</sup>. A small oval calculus.

Removed by Mr. Cock from John D., aged 5, April 25, 1854.

2217<sup>69</sup>. Section of a small calculus.

Removed by Mr. Cock from Francis M., aged 3 years and 3 months.

2217<sup>60</sup>. Calculus.

Removed by Mr. Cock from Fred. M., aged 4½ years, May 23, 1854.

2217<sup>61</sup>. Section of a calculus.

Removed by Mr. Cock.

2217<sup>62</sup>. A large round calculus.

Removed by Mr. Cock from Wm. G., aged 8, September 4, 1859.

2217<sup>63</sup>. Calculus.

Removed by Mr. Cock from Wm. M., aged 2, July 28, 1860.

2217<sup>64</sup>. Small calculus, cut from the urethra in perineum, July, 1860.

2217<sup>66</sup>. A large calculus, of very remarkable figure, and corresponding to the shape of the neck of bladder and urethra. Weight, 690 grains.

Removed by Mr. Cock from Walter K., aged 8, October, 1859.

2217<sup>66</sup>. A large lithic acid calculus. Weight, 560 grains.

Removed by Mr. Cock from Harry P., aged 6, October, 1859.

2218<sup>5</sup>. Calculus.

Removed by Mr. Hilton from H. R., aged 9, July 7, 1859.

2218<sup>6</sup>. Calculus and fragments.

Removed by Mr. Hilton.

2218<sup>7</sup>. Section of a calculus, in remarkably well-arranged layers.

Removed by Mr. Hilton, May 8, 1855.

2218<sup>8</sup>. Calculus. It appears like a nucleus of lithic acid set in a mass of phosphates.

Removed by Mr. Hilton from V. E. B., aged 9, July 12, 1853.

2218<sup>9</sup>. Calculus.

Removed by Mr. Hilton, September 17, 1855.

2218<sup>10</sup>. Section of a small calculus. It appears like a mulberry calculus, surrounded by lithic acid, and with a lithic acid nucleus.

Removed by Mr. Hilton from John E., aged 9, June 21, 1853.

2218<sup>11</sup>. Section of a tolerably large calculus. It appears very much like a fusible phosphatic calculus.

Removed after death from J. L.

Insp. 74. 1857.

2218<sup>12</sup>. Section of a calculus.

Removed by Mr. Hilton from Geo. C, aged 8.



2218<sup>13</sup>. Section of a calculus. The centre consists of uric acid, with urate of ammonia; outer layers oxalate of lime, with crystals of same.

Removed by Mr. Hilton from Daniel W., aged 9, Dec. 11, 1852.

2218<sup>14</sup>. Two calculi, one small.

Removed by Mr. Hilton from a child, aged 2, November 9, 1859.

2218<sup>15</sup>. Calculus.

Removed by Mr. Hilton from Wm. D., aged  $3\frac{1}{2}$  years, June 1, 1858.

2218<sup>16</sup>. Calculus, removed from the urethra of a man, aged 43, July 24, 1855.

2218<sup>17</sup>. Section of a large calculus, principally lithic acid.

Removed by Mr. Hilton.

2218<sup>18</sup>. Calculus.

Removed from Thomas D., aged 4, by Mr. Hilton, Jan. 17, 1857.

2218<sup>19</sup>. Calculus.

Removed by Mr. Hilton from James R., aged 6.

2218<sup>20</sup>. Calculus.

Removed by Mr. Hilton from George O., aged  $5\frac{1}{2}$  years, Sept., 1858.

2218<sup>21</sup>. Calculus. It is apparently lithic acid, surrounded by oxalate of lime. Weight, 144 grains.

Removed by Mr. Hilton from a child, aged 6.

2219<sup>5</sup>. Section of a calculus, composed of uric acid and oxalate of lime.

Removed by Mr. Birkett from John B., aged 54, of Gillingham, Kent, December 26, 1854.

2219<sup>6</sup>. Half of a large calculus, removed after death from William W., aged 20, a patient of Mr. Birkett's. He had been known to suffer from the disease when a child, and thus it had probably existed more than fifteen years. Composed principally of layers of phosphates.

2219<sup>7</sup>. Calculus.

Removed by Mr. Birkett from E. H., aged 5½ years, March 7, 1854.

2219<sup>8</sup>. Portions of calculus. Weight, 249 grains. It looks like an oxalate of lime calculus, surrounded by phosphates, with uric acid nucleus.

Removed by Mr. Birkett.

2219<sup>9</sup>. Small calculus.

Removed by Mr. Birkett from H. C., aged 3, May 9, 1854.

2219<sup>10</sup>. Calculus.

Removed by Mr. Birkett from M., aged 9, May, 1855.

2219<sup>11</sup>. Section of a calculus.

Removed by Mr. Birkett from John D., aged 4½ years, Feb. 14, 1854.

2219<sup>12</sup>. A steel pen-holder.

Removed from the urethra of a man by Mr Birkett.

2220<sup>5</sup>. Section of a calculus. Weight, 335 grains.

Removed by Mr. Poland, January 10, 1860.

2220<sup>6</sup>. Section of a calculus.

Removed by Mr. Poland from a boy, aged 6, March, 13, 1855.

2220<sup>7</sup>. Section of a stone.

Removed by Mr. Poland from a boy, aged 5, March 13, 1855.

2220<sup>8</sup>. A small calculus, removed from the scrotum, into which it had ulcerated from the urethra.

From Frank P., aged 5, April 15, 1853.

2220<sup>9</sup>. Section of a calculus. The nucleus is uric acid, around this is a layer of oxalate, and the exterior part triple phosphate.

Removed by Mr. Poland, August 12, 1851.

2220<sup>10</sup>. Section of a calculus.

Removed by Mr. Poland, August 1, 1853.

2220<sup>11</sup>. Section of a small calculus.

Removed by Mr. Poland, 1851.

2221<sup>5</sup>. Calculus.

Removed by Mr. C. Forster from W. W., aged 6.

2221<sup>6</sup>. Small calculus.

Removed by Mr. C. Forster from G. E., aged 3.

2221<sup>7</sup>. Calculus. It consists of uric acid and urate of ammonia.

Removed by Mr. Forster from T. R., aged  $2\frac{1}{2}$  years, Aug. 10, 1858.

2221<sup>8</sup>. Calculus. It appears externally to be fusible.

Removed by Mr. Forster from J. C., aged 27 months.

2221<sup>9</sup>. Calculus. It consists of oxalate of lime, with uric acid nucleus.

Removed by Mr. Forster from C. W., aged 7, July 27, 1858.

2221<sup>10</sup>. Calculus in section. It consists of layers of oxalate of lime.

Removed by Mr. Forster from G. B., aged 12.

2221<sup>11</sup>. Section of a tolerably large calculus. The nucleus is oxalate of lime as well as the surface, but the great bulk of the calculus consists of lithic acid.

Removed by Mr. Forster from a lad, aged 16, May 24, 1859.

2221<sup>12</sup>. Section of a calculus. Weight, 234 grains. Composed almost wholly of lithic acid.

Removed by Mr. Forster from G. A., aged 4, August 10, 1858.

2221<sup>13</sup>. Calculus.

Removed by Mr. Forster from William G., aged 8, at the Children's Infirmary, March, 1858.

2221<sup>14</sup>. Calculus. Weight, 96 grains.

Removed by Mr. Forster from J. F., aged 6, at the Epsom Union December 29, 1859.

2221<sup>15</sup>. Calculus.

Removed by Mr. Forster from a boy, August 2, 1859.

2221<sup>16</sup>. Two calculi. Weight, 2 drachms.

Removed by Mr. Forster from T. Young, aged 10, at the Infirmary for Children, November 14, 1857.

2222<sup>5</sup>. Calculus.

Removed by Mr. Bryant from Alfred O, aged 7, Nov. 23, 1858.

2222<sup>6</sup>. Calculus.

Removed by Mr. Bryant, September 20, 1859.

2222<sup>7</sup>. Section of a large calculus. Weight, 14 drachms.

Removed by Mr. Bryant from John H., aged 10, February 8, 1859.

2222<sup>8</sup>. Section of a mulberry calculus.

Removed by Mr. Bryant from a young man, November, 1859.

2222<sup>9</sup>. Section of a calculus.

Removed by Mr. Bryant from Fred. M., aged 15, July 27, 1858.

2222<sup>10</sup>. Section of a calculus.

Removed by Mr. Bryant.

2222<sup>11</sup>. Calculus.

Removed by Mr. Bryant from Wm. Arnold, aged 3, Sept. 22, 1857.



## DISEASES OF THE MALE GENITAL ORGANS.

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### TESTIS.

2339. Portion of abdominal parietes, showing the undescended testicles; there are also slight hernial pouches at the internal rings.

2339<sup>12</sup>. Dry preparation of the pelvis, showing the testes undescended from a man aged 25.

From Mr. Bryant's collection.

2339<sup>25</sup>. Parietes of the pelvic region, with the testes undescended. The abdominal rings are large, and small pouches protrude from each of them. The testes are small, and filaments proceed from each close to the attachment of the epididymis. One of the filaments has a small cyst at its extremity.

2339<sup>60</sup>. Portion of abdominal walls, showing the left testis undescended. It is situated at the internal ring, and at the external ring is seen a portion of the peritoneum protruding through it, and which precedes the descent of the testes. Taken from a subject in the dissecting-room, and afterwards sent to Sir A. Cooper, who injected it.

2339<sup>75</sup>. A somewhat wasted testicle, from a young man who supposed himself to become impotent a few months before his death.

The testes were thought to be atrophied, but on injection no appearance of disease was found in them.

Case of H. B., aged 24.

6. Green Insp. Book, p. 95.

2340. Testicle very much enlarged. The section shows a uniform surface, as of a tumour composed of an inflammatory product, or of a fibro-plastic kind. The tunic is also thickened and adherent. When recent, it was described as due to chronic enlargement, and pulpy. A microscopic examination shows the presence of a large amount of fibrous tissue, but with a considerable quantity of cell growth likewise, and thus its absolute innocency cannot be decidedly determined. •

Case of G. J., aged 40, under Sir A. Cooper in 1807. He had received a blow five years before, and since then it had been gradually enlarging.

Old Museum Book, p. 40.

2341. Testis affected with abscess, accompanied by ulceration through the scrotum.
2342. Testis affected with scrofulous inflammation, accompanied by external fungating ulceration.
2343. A very old preparation, showing an injected testicle, containing a quantity of yellow matter in its interior, and which is styled scrofulous.
2344. Testicle affected with chronic inflammation, and protruding as a large ulcerated surface, with exuberant granulations, through the ulcerated scrotum.
- 2344<sup>10</sup>. Inflammatory fungating growth from the testis.

J. B., aged 57, a patient of Mr. Cock in March, 1855. He was a watchman at Woolwich, and three months before he observed his right testicle becoming enlarged. It was poulticed and lanced, but no matter was evacuated; it then protruded, and fungated. It was strapped and otherwise treated, but with no good effect, and therefore the protruding part was excised, after which the wound soon healed.

2345. A testis very much enlarged, owing to the deposition of a quantity of yellow material in its interior, and which was styled scrofulous.

2346. Section counterpart to the preceding.

2349. Section of a testicle, containing a large mass of white deposit called scrofulous tubercle. It is accompanied also by hydrocele. Injected.

Removed by Mr. Key.

2349<sup>45</sup>. A testis containing some hard yellow masses, formerly called scrofulous. They cannot, however, be styled more than unorganizable inflammatory deposits, and liable to occur under various circumstances—for example, from syphilis. The latter was probably the cause in the present instance, since it is stated that the liver contained very similar masses of deposit.

New vol. i. p. 247.

2349<sup>50</sup>. Testis containing a very large round yellow mass of unorganizable material styled scrofulous.

Extirpated by Mr. Key in 1845.

2350. Portion of testis, much enlarged by a growth which appears to have destroyed the original tissue, and formerly styled cancer. From the preparation being old, and having been long in spirit, its character cannot now be very satisfactorily determined; but the smooth surface of the section looks like an inflammatory or fibro-plastic material. It was the ulcerated surface protruding through the scrotum which no doubt suggested its malignity.

2350<sup>10</sup>. Tuberculous disease of the left testis; injected. The section shows clearly the strumous tubercles scattered in its substance.

Thomas K., aged 22, a patient of Mr. Hilton in April, 1856. He was a milkman at Norwood, and had a curved spine. Two years before, he received a kick on the testis, followed by inflammation and suppu-

ration, which continued ever since. The testis was twice the natural size, with two discharging sinuses. The whole organ was excised, and he soon recovered.

2351<sup>25</sup>. Testicles laid open, exhibiting earthy matter.

From Joseph J., aged 26, who died of disease of the heart.

See prep. 1429<sup>32</sup>.

10. Green Insp. Book, p. 74.

2351<sup>37</sup>. Testis containing some earthy matter, probably the remains of a tuberculous deposit.

2351<sup>50</sup>. Testis containing numerous round small hard bodies, some of them earthy.

2351<sup>55</sup>. Testes which have undergone fibroid degeneration, and supposed to be due to syphilis. The gland structure is quite destroyed, and replaced by fibrous tissue, diffused and in nodules.

A. H., aged 39, died under Mr. Hilton's care in December, 1856, having long been the subject of syphilitic disease of the cranium. See prep. 1075<sup>15</sup>. The liver contained syphilitic fibroid deposits. Prep. 1913<sup>10</sup>.

Insp. 233. 1856.

2351<sup>67</sup>. Testes undergoing fibroid degeneration, and probably the effects of syphilitic inflammation. Both organs are small, and streaked with fibrous tissue, so that not much of the original gland is left.

William C., aged 25, died under Mr. Cock's care from syphilitic disease of the larynx.

Insp. 81. 1859.

2351<sup>68</sup>. Testes almost destroyed by fibroid degeneration. One indeed is atrophied, and its gland tissue quite gone; the other is of ordinary size, and has in it some round yellow masses of inorganizable deposit. Probably the effects of syphilis.

Thos. J., aged 34, a sailor, died under Dr. Rees' care from dysentery. He had had syphilis, was very cachectic, and covered with rupia.

Record of Insp. 166. 1860.



2351<sup>60</sup>. Testis of a child, containing a small tubercle at its upper part.

2351<sup>65</sup>. Testicle, showing numerous tubercles scattered through its substance. One portion has softened into an abscess.

George N., aged 38, who died of phthisis under Dr. Barlow's care. (This form of disease is found very frequently in those dead of phthisis, though unsuspected.)

Insp. 210. 1857.

2351<sup>70</sup>. A very large testis, containing masses of firm yellow deposit, which were thought to be scrofulous. The tissue between is fibrous, and is no doubt the result of chronic inflammation, so that the yellow matter cannot be positively styled otherwise than of the same kind, having undergone decay. It can be only doubtfully called scrofulous.

Thomas W., aged 31, a patient of Mr. Birkett's in November, 1857. The right testis had been slowly enlarging for a period of four years. He recovered after its removal.

Drawing, 415<sup>10, 11</sup>.

2351<sup>72</sup>. Testis of a child almost entirely occupied by scrofulous deposit. Some of this has softened down. There is a little healthy structure left on the surface. The epididymis contains some tuberculous matter.

H. M., aged 2½ years, had had the disease increasing for six months, until it had reached a very great size, when it suppurated, and fistulous openings formed. It was removed by Mr. Bryant in Oct., 1858. The boy subsequently died of general tuberculosis.

See prep. of spinal cord, 1562<sup>66</sup>.

Insp. 224. 1858.

2351<sup>75</sup>. This is an old specimen, described as fungoid. The section however, shows the testis quite perfect, but the tunica vaginalis is immensely thickened, and within it is some fibrinous material, looking like the fibrin of the blood. It is probably, therefore, a hæmatocele of a very chronic kind.

2351<sup>70</sup>. Testis affected with scirrhus cancer. The firm fibrous structure of the disease is well seen in the section.

2351<sup>80</sup>. Testis affected with scirrhus cancer, or carcinoma fibrosum. The structure is not uniform; in some parts it is very firm, and composed of a dense fibrous tissue, with cells in its meshes. In other parts the structure is soft, and composed mainly of a cell growth, approaching to ordinary medullary cancer. It contains also a few yellow masses of degenerated material.

Richard S., aged 40, from Merton. Three years before, he experienced pain in the left testis, which gradually enlarged. On admission it was very hard and nodulated. Removed by Mr. Forster, June, 1858.

2352. Section of a testis removed by Sir A. Cooper, and formerly called hydatid. It is, however, a fibro-cystic growth, containing cysts of about the size of a nut, and numerous smaller ones. The intervening tissue is dense and fibrous. The tunica vaginalis is adherent, and much thickened. Sir A. Cooper had himself discarded the notion of this disease being due to hydatids, having surmised that it originated in dilatation of the tubes, and he had therefore substituted the term *tubular* disease.

2352<sup>10</sup>. Cystic disease of the testis. The large mass occupying the centre of the tumor constitutes the new growth, and when recent, the section showed numerous small cysts. The intervening tissue is fibrous. The new growth occupies the site of the mediastinum, the testis being spread over it, as seen in the distinct layer at the upper part. External to this is the tunica albuginea, and outside of all the tunica vaginalis. The tumor, when first removed, appeared like a simply enlarged testis, the coats being perfect over it, as well as the spread out glandular structure, the growth being altogether in the centre.

George E., aged 33, from Croydon, under Mr. Birkett in 1854. Three months before he accidentally noticed his testicle swollen. It had been tapped, and some ounces of serum removed. Recovered.

2352<sup>20</sup>. Section of a large testis affected with sero-cystic disease.

The surface is seen to be very irregular, and containing numerous small cysts; some of these are empty, and others contain small pedunculated growths. The structure between is tolerably firm. The section is thus seen to resemble an adenocoele of the female breast. The microscope showed many of the softer parts composed of cell growths, so that some doubt was entertained of its innocence.

Joseph W., aged 44, a healthy, sober man, a harness-maker by trade. He observed a pain in his loins some months before, subsequently found his testis swollen, but never any pain nor tenderness in it. Never received any injury. It gradually increased, and was removed in September 17, 1857. It was two pounds in weight.

Sent to Mr. Hilton by Mr. —.

2352<sup>50</sup>. Cystic disease of the testis, formerly called malignant. The section shows the tumor to be large, and evidently of a fibrous structure, in which are contained numerous small cysts.

Removed by Mr. Key.

2353. Cystic disease of the testis. The tunica vaginalis is very much thickened, and adherent to the growth within. The latter apparently is fibrous, and contains numerous cysts; some of these hold pedunculated bodies. Above is a solid growth, which may be the epididymis uniformly solidified.

2353<sup>50</sup>. Fibrous disease of the testis. This constitutes a very large tumor composed of fibro-plastic tissue, and containing some small points of cartilage within it.

R. E., aged 25, admitted under Mr. Birkett, 30th July, 1860. Three years before he had typhus fever, and soon afterwards he perceived that his right testis was enlarged. It gradually increased until three months before admission, when it was punctured. After this it more rapidly increased. The tumor was uniform, of the shape of the testis, of red colour, and throbbing. It was firm throughout, except in some parts where it was softer. An incision was made, and some serum evacuated; subsequently the whole tumor was removed. Recovered.

See drawings before and after removal.

2354. Testis, showing chronic inflammation, with fungating granulations protruding through the ulcerated scrotum.

2354<sup>20</sup>. Section of a testis, showing a number of small white hard tubercles in its substance. Also, the epididymis converted into a soft friable yellow mass of apparently scrofulous matter. The vas deferens was found thickened, and its interior was lined by the same material throughout its whole length as far as the prostate. The interest of the specimen is in the fact of this apparently scrofulous material being associated with melanoid cancer in other parts of the body.

George C., aged 32, under Mr. France for malignant disease of the eye, and subsequently melanoid growths affected various parts of the body.

Prep. eye, 1669<sup>60</sup>; heart, 1400<sup>15</sup>; bladder, 2104<sup>20</sup>.

Insp. 119. 1859.

2356. Carcinoma medullare of the testes. When recent, was soft and pulpy.

Removed by Sir A. Cooper. Injected by Mr. Morgan.

2357. Testes affected with carcinoma medullare.

Removed by Sir A. Cooper from ——— Calcrow.

See also prep. of vena cava obstructed, 1523; a femoral artery, 1527.

2358<sup>50</sup>. A section of cancerous disease of the testes; injected. This exhibits well the difference between the primary cancerous growth and the yellow dead material into which it degenerates. The latter preserves its white appearance, while the cancer is coloured by the injection.

Removed by Mr. B. Cooper in 1843.

2359. Testes much enlarged by carcinomatous disease. Several parts are softened, and others contain yellow dead matter.

Sir A. Cooper.



2360. "Testes affected with fungoid disease, removed by Mr. Dodd from a young man in Dean Street. After several months the disease has not returned, but the patient continues as before the operation, the subject of epileptic fits." This is not cancer, but a very good example of cystic disease. The section exhibits numerous small cysts scattered throughout the structure, and it appears also as if the new growth had completely occupied what would otherwise have been cysts.

2360<sup>60</sup>. Carcinoma of the testes; injected. The section shows the presence of numerous small cysts.

2361. Carcinoma medullare of the testes, removed after death. The section shows the material softening in parts. The patient appeared to die from an inflammatory process which took place around the diseased structure. No examination of the body took place.

J. K., aged 28, under Mr. Key.

5. Green Insp. Book, p. 150.

2361<sup>23</sup>. Carcinoma of the testes; injected.

John S., aged 30, under Mr. Cooper, in 1828, for this disease. He at the same time was suffering from hemiplegia and a cough. After death the lungs were full of cancer, and the cerebrum contained a growth on the left side.

See prep. 1576<sup>64</sup>.

1. Misc. Insp. Book, p. 15.

2361<sup>60</sup>. A large carcinomatous testis, from a child two years old, which distended the scrotum, and formed a large tumor at the lower part of the abdomen.

See wax model, 53 and 54.

Presented by Montague Gosset, Esq.

2361<sup>75</sup>. Section of a testicle affected with carcinomatous disease. It is considerably enlarged, and the adventitious structure is in a state of softening.

Removed by Mr. Key.

- 2361<sup>80</sup>. Medullary carcinoma of the testes. A good example of the very soft variety.

Thomas T., aged 56, under Mr. Hilton, March, 1855, living at Fareham. One year before, he observed his right testis beginning to swell, and this gradually increased until admission, when it was excised, a small hydrocele accompanying it.

See drawing, 419<sup>67</sup>.

- 2361<sup>85</sup>. Testis affected with carcinoma medullare, from Henry D., a patient of Mr. Cock. Throughout its substance is seen a number of yellow masses, which are either the decayed cancerous matter or lymph in a state of degeneration. The specimen is preserved in order to show how this adventitious material exactly corresponds with what in other cases is usually styled scrofulous.

- 2361<sup>90</sup>. Cysto-carcinoma of the testes. The section shows a number of small cysts scattered through the substance of the tumor, and in many of these pedunculated bodies are attached. All trace of gland tissue is gone. The growth is soft and pulpy, consisting for the most part of nuclei and nucleated cells. It was this suspicion of its malignancy which caused it to be called carcinoma rather than cysto-sarcoma.

J. R. S., aged 26 years. He stated that four years before he had a gonorrhœa, and discharge ever since; that two years ago his right testis began to swell, but without pain. It was the size of an orange, and the inguinal glands slightly enlarged.

Removed by Mr. Cock, April 17, 1858.

2362. Enchondroma of the testis. This is a very old specimen, and described formerly as a transparent matter filling the seminiferous tubules. It was subsequently thought to be colloid cancer. It is, however, very hard, and by microscopic examination displays in a most distinct manner its cartilaginous structure.

## EPIDIDYMIS.

2363. "Section of testis and epididymis; the latter is enlarged, and appears to have been the seat of an abscess or scrofulous deposit. Its tunic is completely encased in bony deposit." It cannot now be positively said what is the exact nature of the disease.

2363<sup>5</sup>. Section of testis and epididymis, with small patches of earthy deposit, dried and immersed in spirit of turpentine. The corresponding section to the preceding preparation.

2363<sup>50</sup>. Epididymis affected with scrofulous deposit.

2365. Testis and epididymis. The latter is said to be the part affected by the cancerous disease; the testis remaining nearly healthy. There was also hydrocele.

Removed by Mr. Key.

2365<sup>50</sup>. Testis and epididymis, with small collections of scrofulous matter in the latter. They communicate by small sinuous passages, with a scrotal abscess.

Case of William H., who died under Mr. Morgan's care in 1831, of stricture and diseased kidney.

See kidney, 2031<sup>25</sup>; and bladder, 2091<sup>88</sup>.

2. Misc. Insp. Book, p. 118.

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## VAS DEFERENS & VESICULÆ SEMINALES.

2366. Epididymis with vas deferens and rete testis filled with mercury, and showing a blind aberrant vessel proceeding from the epididymis.

2366<sup>25</sup>. Section of a carcinomatous mass, involving the spermatic cord.

2366<sup>50</sup>. Bladder, the base of which shows deficiency of one ureter and both vasa deferentia. The vesiculæ seminales and prostate are imperfect. The bladder is thickened, contracted, and inflamed both within and without.

From J. M., aged 18, who had long suffered from urinary symptoms.

See kidney, 2022<sup>28</sup>; intestine, 1821<sup>85, 86</sup>.

5. Misc. Insp. Book, p. 32.

2367. A testis, showing the epididymis enlarged, and of an irregular figure, and a mass of tuberculous matter in the vas deferens. The latter has softened, so that small cavities have been formed.

William T., under Dr. Back in 1826 for tubercular disease in various organs.

See peritoneum, 2445.

1. Green Insp. Book, p. 11.

2367<sup>20</sup>. Section of a large fibro-plastic tumor, removed from the spermatic cord.

George W., aged 26, admitted under Mr. Hilton, October, 1860. As long as he could remember he had had a lump in the groin, and this had gradually increased in size. The tumor being soft, was tapped, and an ounce of clear fluid was drawn off. Subsequently the whole growth was excised. It was found attached to the cord, and the testis was healthy.

Drawing. Wax model.

2367<sup>35</sup>. A portion of the vas deferens, about a quarter of an inch in length.

Removed by Mr. Key.

2367<sup>44</sup>. Ossified vasa deferentia.

Case of John W., aged 89, under Mr. Morgan in 1844. Various senile changes existed in the body, and he had a double hydrocele.

See tibia, 1217<sup>50</sup>; and heart, 1384<sup>46</sup>.

20. Misc. Insp. Book, p. 2.



2367<sup>69</sup>. Scanty or imperfect vesiculæ seminales.

2367<sup>70</sup>. Parts concerned in inguinal hernia. The spermatic cord appears somewhat wasted, but the fibres of the cremaster muscle are remarkably strong.

From Hoo-Loo, the Chinese from whose scrotum an immense tumor was removed by Mr. Key.

Prep. 1620<sup>69</sup>, &c.

2367<sup>80</sup>. A melanotic tumor growing on the spermatic cord.

James H., aged 60, who died under Mr. Birkett's care with melanotic tumors growing all over the surface of the body.

Drawings, 188<sup>26</sup>,<sup>27</sup> and 463<sup>6</sup>; models, 293<sup>5</sup>,<sup>6</sup>; prep. of omentum, 2464<sup>6</sup>, and heart, 1400<sup>26</sup>.

Insp. 56. 1854.

2367<sup>80</sup>. Tubercular disease of the vesiculæ seminales.

Man, aged 58, who died under Dr. Babington of general tuberculosis.

Insp. 51. 1854.

2367<sup>95</sup>. Calculi, removed after death from the vesiculæ seminales.

Richard F., aged 46, under Dr. Addison in 1854, for cerebral abscess.

Insp. 222. 1854.

2367<sup>98</sup>. Tubercular disease of the vesiculæ seminales and prostate.

William N., aged 58, under Rees for general tuberculosis.

Insp., 105. 1857.

## TUNICA VAGINALIS.

2368. Tunica vaginalis, open to the abdomen. From a child.

2369. Tunica vaginalis, open to the abdomen. From an adult.

2369<sup>60</sup>. Hydrocele of the spermatic cord.

2370. Tunica vaginalis affected with hydrocele, and continued open to a considerable distance along the cord.

2370<sup>60</sup>. Sac of hydrocele, dried.

Case of Samuel W., who was under Dr. Addison in 1840, and died of granular kidney and diseased heart. The hydrocele held about four ounces of fluid.

17. Misc. Insp. Book, p. 103.

2371. Testis, tunica vaginalis and cord, with hydrocele of both; injected and laid open.

2371<sup>50</sup>. Testis and tunica vaginalis injected; the latter distended by hydrocele. Some small cysts attached to the epididymis.

2372. Tunica vaginalis affected with hydrocele. The testis is situated at the bottom of the cavity.

2372<sup>35</sup>. Testis, with the tunica vaginalis affected with hydrocele; the surface of the testis is rather irregular from the state of the serous membrane. There are some bridges which, perhaps, are rather to be considered as congenital folds of the tunica vaginalis, than the result of acquired adhesions.

2372<sup>70</sup>. Hydrocele, apparently of the cord. From Thomas M., who also had ossific plates on the spinal cord.

Prep. 1562<sup>45</sup>.

2373. Tunica vaginalis which has been affected with hydrocele, injected with fine injection, dried, and immersed in spirit of turpentine.

2374. Dry preparation of injected hydrocele.

2375. Tunica vaginalis, considerably dilated by hydrocele and crossed by membranous bands of adhesion.

2376. Tunica vaginalis testis which has been affected with hydrocele; a very delicate false membrane appears to have completely lined the reflected portion, but is not adherent to it.

2377. Encysted hydrocele or spermatocele ; being a cyst about the size of a walnut, formed in the testis beneath the visceral tunica vaginalis. The serous membrane is also open to the abdomen.

2378. Hydrocele of the cord. This is a large cyst, the size of a cricket-ball, and with very thick walls, and apparently quite shut off from the tunica vaginalis.

2378<sup>50</sup>. Testicle showing the cavity of hydrocele filled with lymph. This is probably after injection.

2379. Tunica vaginalis, having its two surfaces partially adherent, and affected with hydrocele.

2379<sup>10</sup>. Two testes with tunica vaginalis of same subject, which had been the subject of hæmatocele, and injected. In one the cavity is seen to be quite closed.' In the other the sac is seen filled with recent lymph of a few days' formation.

Drawing, 414<sup>20</sup>.

Insp. 28. 1859.

2380. Tunica vaginalis, having its two surfaces adherent by means of a delicate adventitious cellular tissue.

2381. Testis injected ; with the two surfaces of the tunica vaginalis closely and intimately united.

2381<sup>25</sup>. Tunica vaginalis, very much thickened by chronic inflammation. There has probably been a successive deposition of lymph on the surface of the serous membrane, until it has at last reached the present size ; this has occurred to so great an extent that it might even be styled with propriety a tumor.

Presented by Mr. J. Adamson, Rye.

2381<sup>50</sup>. Testicle, with a portion of the tunica vaginalis, which exhibits considerable traces of inflammatory lymph ; a small, loose, smooth, round body was found in the cavity of the tunic, and is preserved in the preparation.

2381<sup>76</sup>. The sac of the tunica vaginalis, said to have separated by sloughing, after being operated on by Mr. Key for evacuation of fluid.

2382. A small bony or earthy body from the tunica vaginalis.

2382<sup>25</sup>. A small earthy body found in the tunica vaginalis.

2382<sup>50</sup>. Tunica vaginalis distended by hydrocele, and presenting numerous spots of bony matter. An injected preparation in turpentine.

Mr. Key.

2383. Section of a bony deposit forming a complete case to the epididymis; immersed in spirit of turpentine. It appears to have been formed immediately under the close portion of the tunica vaginalis.

2384. A hæmatocele of large size; the section showing the coagulum in layers.

2384<sup>20</sup>. A large hæmatocele; it is about the size of an orange, and the tunica vaginalis much thickened; the interior somewhat resembling the interior of an old aneurismal sac, being lined with filamentous and laminated pieces of fibrin. The testis is flattened behind the tumor.

A man, aged 40, had had a swelled testicle on right side since childhood; but only commenced to become very large about two months before admission. It was tapped, but no fluid came away; therefore Mr. Poland removed the whole tumor, January 17, 1860. When opened it proved to be a degenerated hæmatocele; the blood being changed into a grumous, chocolate-coloured matter, and cholesterine. The patient was ill with peritoneal symptoms for some weeks afterwards, and at the same time had swelling and suppuration of the glands of the neck.

2384<sup>40</sup>. A sack of hæmatocele, containing some layers of fibrin on the surface.

2384<sup>60</sup>. Section of hæmatocele, removed by Mr. Hilton, June, 1860, from John E., aged 19, who had had enlarged testis ever since he was two years old. The tunica vaginalis is much thickened.



2385. Blood, rather grumous than coagulated, removed from a hæmatocele by Sir A. Cooper.

2385<sup>60</sup>. Small pedunculated cysts attached to the tunica vaginalis, covering the epididymis.

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## SCROTUM.

2386. Portion of scrotum affected with chimney-sweepers' cancer.

Old Museum Book, No. 263.

2386<sup>60</sup>. Chimney-sweepers' cancer.

2387. Portion of the septum scroti affected with chimney-sweepers' cancer.

Removed by Sir A. Cooper from an out-patient. The other half is in the museum of St. Thomas'.

Old Museum Book, No. 48.

2387<sup>35</sup>. A portion of scrotum exhibiting the ulcerated surface of chimney-sweepers' cancer.

Removed by Mr. Key. Model, 91.

2387<sup>70</sup>. Chimney-sweepers' cancer.

Removed by Mr. Morgan.

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## PROSTATE.

2387<sup>85</sup>. Portion of bladder, exhibiting an early stage of enlargement of the so-called third lobe of the prostate.

2388<sup>62</sup>. Section of enlarged prostate, showing distinct round fibrous growths or tumors within it.

2389. Third lobe of prostate much enlarged; bladder dilated, its muscular coat much thickened, and the ureters greatly dilated.

2389<sup>35</sup>. Great enlargement of the third lobe of the prostate. The bladder and ureters are dilated, and the former is sacculated.

William W., aged 65, under Mr. Key for retention of urine, in 1859. He died of suppuration of the kidneys.

16. Misc. Insp. Book, p. 49.

2389<sup>70</sup>. Base of the bladder, with enlarged prostate. Some cystitis, with thickening and dilatation. The third lobe is perforated.

Henry P., aged 51, who was under Dr. Bright's care for phthisis in 1836. He had had difficulty of micturition, and been often catheterized. He died of suppuration of the kidneys.

8. Misc. Insp. Book, p. 97.

2389<sup>75</sup>. Prostate, very greatly enlarged. The lateral lobes are of very great size, as well as the third lobe, which projects as a large tumor into the bladder. The urethra runs through the midst of the organ, and the latter is also penetrated by a canal which, however, does not quite perforate it. This is probably from the effects of catheterism. The portion of bladder attached is much hypertrophied.

William R., aged 77, under Mr. Cock in October, 1844. For four years he had difficulty in micturition, requiring the occasional use of the catheter. On admission he had had retention for some years, and was relieved, after some trouble, by a flexible catheter. He subsequently was under the care of Mr. Smith of Crawley, who forwarded the specimen. The symptoms gradually increased in severity until his death, in March, 1856.

2389<sup>80</sup>. Perforation of the prostate.

Case of M., an African, aged 60, to whom Mr. B. Cooper was called for retention of urine. He had long laboured under difficulty in making water, and had been in the habit himself of passing catheters.

2. Note-book, p. 28.

2390. Third lobe of the prostate enlarged; the bladder little thickened, but considerably dilated and sacculated.

2391. Prostate considerably enlarged, with false passages through the middle lobe; the bladder dilated, and its mucous membrane sacculated.

2391<sup>25</sup>. Bladder and prostate; the latter seems simply and greatly hypertrophied. There is a pretty uniform adventitious layer on the mucous surface of the bladder (the effect of cystitis) partially tinged with blood.

Presented by Mr. John Birkett.

2391<sup>35</sup>. Abscess in prostate, with an abnormal opening in the urethra immediately under the glans penis.

2391<sup>50</sup>. Bladder and urethra, with the prostate greatly enlarged in all its lobes. The surface of the middle lobe is rendered rather irregular by ulceration, and at its anterior part appears to have been perforated by an instrument. There is also a considerable abscess at the side of the urethra a little before the membranous portion.

A patient of Mr. B. Cooper.

Model, 100<sup>6</sup>.

2392. Prostate gland much enlarged, apparently from scrofula. This preparation appears to have been taken from a young subject.

2393. Bladder and prostate; the latter much enlarged from scrofula. This preparation was taken from the body of a child.

2393<sup>75</sup>. Prostate, showing in its cut surface deposits of tuberculous matter. The bladder also shows a similar disease in its mucous membrane.

John B., aged 23, under Dr. Bright in 1843 for acute hydrocephalus and general tuberculosis.

2394. Sections of the prostate gland, dried and immersed in spirit of turpentine, to show numerous small imbedded calculi.

2394<sup>60</sup>. Prostate, showing numerous little calculi in its cut surface.

2394<sup>60</sup>. Prostate containing numerous calculi lodged in small cavities in its substance. The calculi are small, round, semi-transparent, and of a brownish-yellow colour.

2394<sup>70</sup>. Prostate, with a calculus imbedded in it, and showing itself on the urethral surface.

2495. The bladder, prostate, and urethra, showing each lobe of the prostate distended by very large calculi. There is also one projecting quite into the neck of the bladder, and apparently impacted in it. At the anterior portion of the urethra a small abscess is seen, which also contains calculous matter.

Mr. Key.

2396. Prostate gland, with a pouch containing one or more calculi in each lateral lobe.

Sir A. Cooper.

2396<sup>50</sup>. Prostate, containing a calculus in each lobe. The bladder also has tufts of a villous fungus growing from its mucous membrane.

2397. Prostate gland with a calculus lodged in it.

2397<sup>5</sup>. Calculus in the prostate gland.

William R., aged 52, under Mr. Birkett for stricture, perineal fistula, &c., from which he had suffered for nine years, dying eventually of disease of the kidneys.

Record of Insp. 139. 1854.

2398. Part of the bladder, with the prostate gland and part of the penis, showing a large sacculus in each lateral lobe of the prostate, which, becoming distended with urine, for several



years occasioned very great impediment to micturition. The patient used to empty these pouches by pressure on the perinæum. These sacculi appear to have been secondary to stricture of the urethra.

Presented by Mr. Griffiths of Wrexham.

2398<sup>35</sup>. A pouch formed in the prostate gland in a case of stricture of urethra.

John C., aged 34, under Dr. Bird in 1849 for disease of the heart.

2398<sup>40</sup>. A large prostatic cell. Dried.

2398<sup>60</sup>. Prostate after lithotomy, showing the section completely repaired.

From Mr. Bryant's collection.

2398<sup>80</sup>. Prostate, showing a considerable sac in each lobe, and apparently lined by a mucous membrane. The urethra appears strictured throughout its course.

Joseph V., aged 53.

6. Misc. Insp. Book, p. 1.

2399. Part of bladder, with the prostate and part of penis, showing the prostate hollowed out so as to form a cavity separated from the bladder by a projecting portion of membrane occupying the position of the third lobe. The patient had stricture.

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## PROSTATIC CALCULI.

2400. Calculi, taken from the prostate gland by Mr. Key.

2400<sup>35</sup>. A small calculus from the prostate. Its structure is by no means compact. Taken from same patient as produced 2400, but at a subsequent period to these specimens.

Mr. Key.

2400<sup>40</sup>. Calculi of some size, removed from prostate after death.

2400<sup>70</sup>. Calculi, removed from the prostate; they are polygonal, and their form appears to be modified by mutual contact.

Presented by Mr. J. Pugh.

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## URETHRA.

2401<sup>38</sup>. Stricture in the extreme two inches of the urethra, with a sinus in the glans.

John A., aged 55, under Mr. Key in 1843, for stricture which had existed 13 years. He died of perineal abscess and disease of the kidney.

19. Misc. Insp. Book, p. 265.

2401<sup>75</sup>. Urethra, strictured for some length in the middle of the corpus spongiosum. The bladder hypertrophied.

2401<sup>87</sup>. Urethra, considerably narrowed at commencement of the spongy portion. Bladder much hypertrophied.

George C., aged 37, under Dr. Addison in 1845, for phthisis.

New Vol. i. p. 50.

2402<sup>10</sup>. Urethra, with stricture at commencement of spongy portion, with surrounding induration. There is a valvular fold close to the stricture, which probably has been caused by the use of the catheter.

Richard B., aged 55, under Dr. G. Bird in 1850, for Bright's disease.

New Vol. iii. p. 90.

2402<sup>25</sup>. Stricture near the glans penis. The urethra was laid open in the perinæum; and the patient subsequently died of pyæmia.

W. C., aged 40, under Mr. Cock in 1845.

New Vol. i. p. 24.

2402<sup>50</sup>. Urethra, closely strictured about the middle of the spongy portion. The whole of the canal anterior to it is also narrowed.

Timothy M., aged 50, who died of injury and pyæmia in 1844.

19. Misc. Insp. Book, p. 305.

2403<sup>60</sup>. Narrow stricture of urethra in membranous portion.

From a patient under Mr. Birkett in February, 1850.

Drawing, 420<sup>60</sup>.

2405. Bladder and urethra showing imperforate stricture and a false passage. The patient died of extravasation of urine.

Mr. Key.

2405<sup>25</sup>. Urethra, showing stricture at commencement of the spongy portion; also false passages. Bladder hypertrophied.

2406. Bladder and urethra; the latter badly strictured at the end of the membranous and commencement of the spongy portion. There is a false passage, and the urethra is distended behind the urethra.

2407<sup>50</sup>. A considerably enlarged bladder with the urethra. At each side of the caput gallinaginis, and a little anterior to it, is an opening of some extent, communicating with a blind canal, about an inch in length, passing at the side of the urethra; they appear to be lined by a mucous membrane, and not to be wholly artificial false passages. The mucous membrane of the bladder is sacculated; the prostate slightly enlarged, more especially the middle lobe, which appears to form a valvular obstruction to the urethra.

Thomas J., aged 65, under Dr. Addison in 1835, for Bright's disease.

See prep. kidney, 2042<sup>40</sup>, and heart, 1403<sup>84</sup>.

7. Green Insp. Book, p. 12.

2407<sup>76</sup>. Portion of bladder and urethra, showing the latter strictured at the usual position. There are numerous false passages, and a small abscess outside the canal.

2407<sup>85</sup>. Stricture, small and narrow, two inches from the caput gallinaginis, having two false passages on either side.

John M'M., aged 45, under Mr. Key in 1847, for stricture and phthisis.

New Vol. i. p. 285.

2408<sup>10</sup>. The middle of spongy portion of urethra, which is quite impervious by stricture. Nearly the whole canal is destroyed, and its place occupied by a series of cavities contained in a dense fibrous tissue. The part preserved shows the original canal perfectly closed.

William G., aged 61, under Mr. Hilton. He had had stricture many years, and perineal fistulæ, through which the urine escaped.

Insp. 129. 1857.

2409. Bladder and urethra, showing imperforate stricture, false passage, and perineal abscess. There are small caruncles in the urethra, a little anterior to the membranous portion. The bladder much thickened.

Richard L., under Mr. Cooper in 1826.

1. Green Insp. Book, p. 143.

2409<sup>20</sup>. Bladder and urethra, showing stricture of the latter. The canals seen in front, in which the glass rods are placed, do not communicate, although they nearly approach each other, the urethra being quite closed. The portion of membrane seen between them, about two inches in length, constituted a false passage before it was opened, and led from the anterior end of the urethra, but did not quite reach the posterior portion. The bladder is hypertrophied.

James G., aged 39, under Mr. Hilton for perineal abscess. He died of pleuro-pneumonia.

Insp. 34. 1860.

2410. Bladder and urethra, showing stricture of the latter, with numerous false passages, one of which has perforated the prostate.

2411. Bladder and urethra, showing stricture and a large caruncle or papilliform elongation of the mucous membrane a little



anterior to the verumontanum. The patient had symptoms of stricture, which was relieved by bougies. Died suddenly from the rupture of an aneurism into the chest.

William R., aged 40, under Mr. Key in 1827.

See prep. 1454.

3. Green Insp. Book, p. 17.

2412<sup>9</sup>. This is an old preparation, having no history and no minute description. The urethra has evidently been strictured, and otherwise much diseased. The bladder is remarkably contracted into a lengthened passage, the upper part of which opens by a fistulous communication with the umbilicus. The parts adjacent to the bladder externally appear also to have been closely adherent.

Drawing, 365.

2412<sup>18</sup>. Bladder and part of the urethra, with extensive abscess between the bladder and rectum in consequence of stricture. The bladder is sacculated, and a small calculus is impacted in its parietes, but appears to retain no communication with the cavity, although near the opening of the ureter.

Patient of Mr. Key.

2412<sup>20</sup>. Bladder and urethra, showing false passages and an abscess between urethra and rectum, the consequence of stricture. The direction of the passage made by trocar shown by glass rod.

Charles J., aged 31, admitted under Mr. Cock in 1847. A catheter could not be passed, and he had an abscess at the neck of the bladder. A trocar passed through the rectum entered this space, and a little water drawn off. Subsequently died of peritonitis.

New Vol. ii. p. 41, and Med. Chir. Trans., vol. xxxv. p. 184.

2412<sup>27</sup>. Bladder and urethra. The former is very much thickened, and very much sacculated; the latter affected with aggravated permanent stricture. There appears to have been a false passage, and a considerable abscess, as well as large pouches, in the prostate gland.

2412<sup>30</sup>. Bladder and urethra. The latter is strictured at the commencement of the spongy portion; the urethra behind is much diseased, and suppuration extends into the prostate. Immediately behind the prostate an opening is seen—an opening made by the trocar, which had been used to puncture the bladder through the rectum. A probe passed into this could, after some difficulty, be made to penetrate to the rectum, about three inches above the anus.

Joseph S., aged 55, died from suppuration of the kidneys, following stricture, on August 26, 1857, under Mr. Birkett's care. On July 18, 1856, he had been admitted for retention, due to stricture of seven years' standing. The bladder was punctured per rectum, the canula retained six days, and then removed. When he left the hospital soon afterwards, a catheter could be passed down the urethra, and the urine never escaped by the rectum except the bladder was over-distended.

Insp. 160. 1857.

2412<sup>35</sup>. Bladder and urethra, showing stricture at the usual spot. Immediately behind the prostate a perforation was seen, corresponding no doubt with the opening made by the trocar in the operation during life. Into this a probe could be passed for some distance as far as the mucous membrane of the rectum, but not through it. At the place, however, where the probe was felt, a dark spot was seen, where no doubt the instrument had entered.

John D., aged 30, died August 9, 1859. He had been admitted into the hospital for retention on October 15, 1858, and the bladder was punctured per rectum by Mr. Bryant, the man soon after leaving relieved.

Insp. 137. 1859.

2412<sup>30</sup>. Base of bladder fifteen years after lithotomy. A small harmless perineal fistula remained, and even a communication with the rectum. The seminal apparatus quite free.

George M., aged 33, died in 1834. He had been operated on by Sir A. Cooper, and the gorget used.

5. Misc. Insp. 35.

2412<sup>45</sup>. Bladder, penis, and rectum, with an abscess posterior to the neck of the bladder, which appears to have been the result

of stricture and false passages; the surrounding cellular structure much thickened and indurated.

2412<sup>63</sup>. The bladder and part of the penis. The urethra is obliterated for upwards of an inch anteriorly to the bulb. The deficiency in the canal is made up by a false passage two inches in length.

Case of Nathaniel W., aged 50, who was under Mr. Key in 1830 for extravasation of urine, which appears to have left the parts in a state approaching to sphacelus.

1. Misc. Insp. Book, p. 136.

2412<sup>72</sup>. Bladder, rectum, and part of the penis. The urethra is torn through in its membranous portion from an injury, but of what kind is not stated.

2412<sup>81</sup>. Bladder and a small portion of the urethra. From a little boy who accidentally fell upon the edge of a tub and produced a complete division of the urethra immediately anterior to the prostate. He died five days afterwards from extravasation.

Mr. Key.

2. Note-book, p. 27.

2412<sup>90</sup>. Bladder and penis, with two calculi deposited within the lacunæ of the urethra, an inch anterior to the membranous portion. Several calculi were deposited in cysts, situated in the prostatic portion of the urethra. There is a stricture immediately behind, and connected with the seat of the calculi in the spongy portion of the urethra. Two false passages pass through the prostate and re-enter the bladder. Several large cysts are contained in the prostate. The walls of the bladder are thick, muscular, and occupied by sacculi of various sizes.

There is no history of this case, but a note speaks of the calculi not being true stones, but artificial ones, and therefore it must be supposed that they were introduced from without.

## URETHRAL CALCULI.

2413. Three urethral calculi, apparently consisting of lithic acid.

Removed by Sir A. Cooper.

2413<sup>50</sup>. Urethral calculus, composed of lithic acid, with traces of the urates of soda and lime; also, traces of oxide of iron were detected.

Analyzed by Mr. Brett.

2414. Urethral calculus. Nucleus, oxalate of lime, with a coating of fusible matter. Weight,  $11\frac{1}{2}$  grains.

Removed by Mr. Key. Analyzed by Dr. Babington.

2414<sup>50</sup>. Calculi, removed by incision from the urethra just below the glans.

From Mr. Bryant's collection.

2414<sup>75</sup>. Urethral calculus.

Removed by Mr. Bryant of Kennington.

2415. Two urethral calculi, consisting of fusible matter.

Removed by Mr. Sudlow Roots of Kingston.

2415<sup>30</sup>. Calculus, removed by incision from the urethra, just below the glans.

From a child  $2\frac{1}{2}$  years old.

From Mr. Bryant's collection.

2416. Urethral calculus, of which the nucleus is a straw.

Removed by Sir A. Cooper.

2416<sup>35</sup>. Urethral calculi.

2416<sup>70</sup>. A small calculus, extracted from the urethra, consisting of oxalate of lime and animal matter.

Mr. Talent.



## CATHETERS.

2417. Mixed metal catheter, mended in three places with pack thread, in which state it had for some time been used by a tailor.

2418. Mixed metal catheter, which broke in the bladder, and was removed by operation by Mr. Key in 1825.

2418<sup>10</sup>. Flexible catheter, of which the lower end was broken into the bladder, and removed by extraction.

Alfred B., aged 24, the subject of an imaginary stricture, for the relief of which he had long been in the habit of using a gum catheter. In June, 1858, he broke off a large portion into the bladder, and came to the hospital for assistance. Mr. Hilton, by means of the lithotrite, removed it in pieces at various intervals, and the man left well in September.

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## INTEGUMENTS OF PENIS.

2419. Penis, of which the integuments are in a state of sphacelus. An injected preparation.

2419<sup>20</sup>. Bladder and penis, showing the latter contracted behind the glans in consequence of ulceration or sloughing of the prepuce, which laid the penis bare for some inches.

2419<sup>40</sup>. Portion of redundant and thickened prepuce.

Removed by Mr. John Morgan.

2419<sup>60</sup>. Phymosis circumscribed.

Langstaff's Museum.

2419<sup>56</sup>. Prepuce removed for phymosis.

Mr. Hilton.

2419<sup>60</sup>. Prepuce affected with phymosis and chancre externally.

Amputated by Mr. Morgan.

2419<sup>80</sup>. Prepuce affected with phymosis and chancre, both on the internal and external surfaces, the former of which is somewhat everted.

Removed by Mr. C. A. Key.

2419<sup>90</sup>. Broad chancre of the penis, two weeks old, removed by A. Tweedie, Esq., in 1840, for the purpose of cure.

2419<sup>95</sup>. Glans penis, which sloughed off from a man, aged 79, in Luke, under Mr. Birkett, February, 1854. He had had a blow on the penis six weeks before, since which time it had become gangrenous. Healed well.

2420. Extremity of the penis, showing a chancre opening into the urethra and separating the glans from the corpora cavernosa.

2420<sup>00</sup>. Section of an injected glans penis superficially ulcerated. The part was removed. There is a tendency to cicatrization.

2422. Extremity of the penis much enlarged by epithelial cancer in cauliflower-shaped excrescences.

Removed by Sir A. Cooper.

Old Museum Book, No. 192.

2422<sup>00</sup>. Extremity of penis, injected after amputation; it is affected with a very minutely warty ulceration.

423. Penis affected with malignant disease, and exhibiting large cauliflower-shaped granulations. Removed from a patient in the hospital by J. Morgan, Esq. The portion at the upper part of the glans was removed subsequently, the disease having reappeared at the root of the penis.

2424. Prepuce, the edge of which is completely surrounded with small, malignant, cauliflower excrescences of epithelial cancer.

Removed by Mr. Key.

2424<sup>10</sup>. Epithelial cancer of prepuce of warty character.

2425. Section of penis, showing cancer of the prepuce near the frænum, extending to the glans.

Injected by Sir A. Cooper.

2425<sup>5</sup>. Section, counterpart to 2425.

2425<sup>50</sup>. Stump of the penis with the urethra invaded by cancerous growth.

Amputated by Mr. Cock.

2427. Section of the anterior part of the penis, injected, showing cancer of the prepuce about the frænum and extremity of the glans.

2427<sup>20</sup>. Extremity of the penis, showing carcinoma of the glans and prepuce. An injected preparation.

Removed by Mr. Key.

2427<sup>40</sup>. Portion of the penis, with malignant warty excrescences on the glans and prepuce.

Removed by Mr. B. Cooper.

2427<sup>49</sup>. Warty growth from the prepuce.

Mr. Cock.

2427<sup>60</sup>. Stump of penis after amputation, and portions of cancerous material removed from lymphatic glands after death.

John B., aged 50. At end of year 1854 he observed a small lump on the glans penis, and which rapidly grew into a warty tumor. This was removed in May by Mr. Hilton, in such a manner that the corpus spongiosum was half an inch longer than the corpora cavernosa, and thus retraction of the urethra prevented. Left well in June. Soon afterwards the glands in the groin became enlarged, and he was readmitted with open cancerous sores in each groin. These discharged greatly, as well as bled.

Drawing, 447<sup>60</sup>,<sup>61</sup>.

Insp. 59. 1856.

2427<sup>66</sup>. Portion of the external genital organs, showing how the penis has been entirely destroyed by syphilis; a smooth surface merely remaining beneath the pubes. The testes of moderate size; prostate small.

William J., aged 33, died under Dr. Addison's care with phthisis and lardaceous disease. It was observed during life that he had no penis, and that in fact he resembled more a female than male, as regarded these parts, and that he micturated in the sitting posture. He was otherwise well developed as a man. He was silent about his infirmity; but after his death it was learned that he had been in the hospital twenty years before, under Mr. Key, for phagedæna of the penis, at which time the organ was wholly destroyed.

Insp. 133. 1857.

2427<sup>60</sup>. Carcinoma of the glans penis.

James S., aged 71, under Mr. B. Cooper in 1834.

Prep. of heart, 1449<sup>32</sup>; pleura, 1777<sup>80</sup>.

6. Misc. Insp. Book, p. 82.

2427<sup>66</sup>. Cancer of penis.

Removed by Mr. Hilton, August, 1854.

2427<sup>70</sup>. Cancer of penis in early stage, showing how, from the prepuce and glans being contiguous, each part is affected. The microscope showed well marked epithelioma.

Henry W., aged 28, under Mr. Hilton in March, 1856. Twenty years before he lacerated the prepuce; the wound soon healed, but he had never since been able thoroughly to expose the glans. Six months before admission he observed a wart between the prepuce and glans, and which increased until it had involved half the surface of each. Removed and left well.

2427<sup>80</sup>. The genital organs, including the penis and testes of a man extirpated by himself from religious motives.

Robert B., after attending a Bethel union on board a collier at Erith, in a fit of religious melancholy amputated his genital organs with a razor, and threw them under the galley fire.

2428. Prepuce and part of the glans penis covered with malignant cauliflower-shaped warty granulations.

Removed by Mr. Key.



2428<sup>6</sup>. Epithelial cancer of the penis.

Removed by Mr. Cock from John B., October, 1854.

2428<sup>10</sup>. Prepuce and glans penis, the subject of epithelial cancer, a good example of the cauliflower excrescence.

A man, aged 67, under Mr. Birkett in 1854. The disease began on the inside of the prepuce, and ate its way through forming an excrescence on the surface. The glans is not infiltrated, but surface next to corona is ulcerated.

2429. Dried extremity of the penis, with a calculus lodged under the prepuce.

## MALE MAMMA.

2430. Mammary gland from the adult male, of rather large size.

2430<sup>10</sup>. Largely developed mammary glands from an imperfectly developed male. When on the body they appeared almost as large as those of a woman, with a good-sized nipple and areola. The gland structure distinctly made out by the microscope.

They came from the body of a young man about 25 years of age, which was in the dissecting-room in the winter of 1859. The general appearance of the body was feminine. The testes were imperfectly developed.

See prep. and models, 170 and 171.

Guy's Hosp. Rep., Series III. vol. vi. p. 424.

2431. Male mammary glands, of large size, from a person of colour.

2431<sup>50</sup>. Mammary glands, of large size, removed from an imperfect male.

From the body of Mary C., aged 55, who had passed both as a male and female. The genital organs were imperfectly developed.

See prep. 2545<sup>35</sup>; and casts 171 and 271.

8. Green Insp. Book, p. 85.

2432. Male mammary gland, enlarged in size, and thought to be affected with scirrhus cancer. The areola not quite healthy.

2433. Male mamma affected with scirrhus cancer, and some appearance of cancerous ulceration.

2434. Male mammary glands, somewhat enlarged, and apparently affected with scirrhus cancer.

2434<sup>7</sup>. Mammary gland affected with scirrhus cancer.

Removed from a middle-aged man by Mr. B. Cooper.

Drawings, 448, 449.

2434<sup>21</sup>. A large carcinomatous tumor, involving the male breast. It has also penetrated the chest and destroyed the sternum.

From a lad aged 16, who was under Mr. Travers in 1804 for a tumor of the thigh, which appears to be osteosarcoma, or osteoid cancer. The limb was amputated, but the disease returned in the chest.

See prep. 1168.

Old Museum Book, No. 121.

2434<sup>25</sup>. Small carcinomatous tumor removed from the male breast. It is slightly warty on the surface, and the section shows the gland and skin infiltrated.

Barnaby G., aged 31, a seaman, found a lump in the nipple about eight years before. It gradually enlarged, and subsequently the glands in the axilla became affected, and a few carcinomatous tubercles appeared in the skin around. It then ulcerated, bled, and was painful, and was consequently excised.

Removed by Mr. Rump of Wells, Norfolk, and sent to Mr. Birkett. September, 1855.

Drawing, 449<sup>6</sup>.

THE END.

PATHOLOGICAL CATALOGUE

OF THE

MUSEUM OF GUY'S HOSPITAL.

---

DISEASES OF THE FEMALE GENITAL ORGANS, INCLUDING  
MAMMA AND UTERO-GESTATION:  
AND DISEASES OF THE PERITONEUM, INCLUDING HERNIA.

---

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\* With the exception of the malformed genital organs, all the preparations in this section have reference solely to the fœtus. The malformations of other organs are found under their respective sections.



Otherwise imperfectly formed, 2539<sup>70</sup>, 2540<sup>10</sup>, 2546<sup>60</sup>, 2540<sup>65</sup>, 2542, 2542<sup>36</sup>.  
 Distended urinary bladder, 2551<sup>45</sup>, 2551<sup>47</sup>.  
 Placenta attached to head, 2542<sup>70</sup>.  
 Imperfect genital organs (Hermaphrodite), 2545, 2545<sup>36</sup>, 2545<sup>70</sup>.  
 Ectropia vesicae, 2546<sup>16</sup>, 18.  
 Fœtuses united by body, 2547, 2547<sup>10, 11</sup>, 2548.  
 “ and head, 2547<sup>5</sup>, 6, 2547<sup>20</sup>, 21.  
 Invested by false membrane, 2539<sup>60</sup>.  
 “ Harlequin ” fœtus, 2551<sup>80</sup>, 2551<sup>85</sup>, 2551<sup>90</sup>, 2251<sup>96</sup>.  
 Fœtus affected by small-pox, 2552.  
 Blighted ovum, 2553, 2553<sup>10</sup>, 2553<sup>16</sup>, 2553<sup>20</sup>, 2553<sup>30</sup>, 2533<sup>40</sup>, 2553<sup>60</sup>.

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## P E R I T O N E U M .

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### INFLAMMATION AND RESULTS.

Injected, 2434<sup>28</sup>, 2434<sup>35</sup>.  
 Coagulable lymph, 2434<sup>49</sup>, 3434<sup>66</sup>.  
 Abscess, 2450<sup>20</sup>.  
 False membrane, 2438<sup>84</sup>, 2434<sup>91</sup>, 2435, 2436, 2439<sup>45</sup>, 2440<sup>60</sup>, 2440<sup>80</sup>, 2445,  
 2447<sup>50</sup>, 2448, 2449<sup>20</sup>, 2451<sup>50</sup>, 2451<sup>75</sup>, 2452, 2452<sup>25</sup>, 2452<sup>40</sup>, 2452<sup>70</sup>, 2453,  
 2453<sup>75</sup>, 2454, 2455.  
 Union of organs, 2438, 2438<sup>50</sup>, 2440<sup>20</sup>, 2439, 2439<sup>10</sup>, 2439<sup>20</sup>, 2439<sup>30</sup>, 2439<sup>60</sup>,  
 2439<sup>50</sup>, 2440.  
 Intestines united, giving rise to strangulation—see HERNIA.  
 Thickening of omentum, 2452<sup>40</sup>, 2455<sup>60</sup>, 2456, 2456<sup>28</sup>, 2439<sup>70</sup>.  
 Perforation of intestine, 2446, 2446<sup>12</sup>, 2446<sup>50</sup>, 2449<sup>40</sup>, 2449<sup>80</sup>.  
 Effused blood, 2434<sup>63</sup>, 2434<sup>70</sup>, 2434<sup>77</sup>, 2434<sup>80</sup>.  
 Pigment, 2464 .

LOOSE BODIES IN PERITONEUM OR ATTACHED BY PEDUNCLES, 2441, 2441<sup>5</sup>,  
 2441<sup>10</sup>, 2441<sup>15</sup>, 2441<sup>20</sup>, 2441<sup>25</sup>, 2441<sup>30</sup>, 2441<sup>35</sup>, 2442, 2442<sup>25</sup>, 2442<sup>55</sup>,  
 2456<sup>84</sup> (?).

HARD BODY ATTACHED TO DIAPHRAGM, 2442<sup>50</sup>, 2442<sup>60</sup>.

FAT, 2456<sup>66</sup>,

TUBERCLE, 2450, 2451, 2456, 2457, 2457<sup>50</sup>, 2458, 2458<sup>25</sup>, 2458<sup>30</sup>, 2458<sup>50</sup>.

CARCINOMA, 2458<sup>75</sup>, 2459<sup>50</sup> (?), 2460, 2462, 2462<sup>50</sup>, 2464<sup>10</sup>, 2465 (?), 2466, 2467<sup>35</sup>,  
 2468, 2468<sup>35</sup>, 2468<sup>70</sup>, 2469<sup>42</sup>, 2469<sup>56</sup>, 2469<sup>70</sup>, 2469<sup>84</sup>, 2470, 2470<sup>7</sup>, 2470<sup>14</sup>,  
 2470<sup>21</sup>, 2470<sup>28</sup>, 2470<sup>32</sup>, 2470<sup>33</sup>, 2470<sup>39</sup>, 2470<sup>42</sup>, 2470<sup>49</sup>, 2470<sup>60</sup>, 2470<sup>63</sup> (?),  
 2470<sup>70</sup>, 2470<sup>84</sup>.

MELANOSIS, 2464<sup>5</sup>, 2472.

COLLOID, 2459 (?), 2459<sup>25</sup>, 2470<sup>85</sup>.

HYDATID, 2472<sup>50</sup>, 2473, 2473<sup>50</sup>, 2474, 2474<sup>20</sup>.

INJURY, 2474<sup>40</sup>, 2474<sup>60</sup>, 2474<sup>80</sup>.

## HERNIA.

### OBLIQUE INGUINAL.

- Congenital, 2475, 2476, 2477, 2478, 2479, 2480, 2486<sup>35</sup>, 2486<sup>50</sup>, 2486<sup>55</sup>.  
Ordinary variety, 2480<sup>50</sup>, 2481, 2483, 2484, 2485, 2486, 2486<sup>30</sup>, 2486<sup>40</sup>, 2486<sup>80</sup>,  
2489, 2490<sup>5</sup>, 2492, 2492<sup>20</sup>, 2487<sup>10</sup>.  
Encysted hernia, 2497, 2497<sup>10</sup>.  
Sac ruptured (returned en masse), 2486<sup>20</sup>, 2486<sup>35</sup>, 2478.  
Sac in inguinal canal, 2483, 2486<sup>50</sup>.  
Double sac, 2486<sup>50</sup>, 2486<sup>55</sup>.  
Hernial sac, 2491, 2491<sup>50</sup>, 2491<sup>75</sup>, 2492, 2493.  
“ obliterated, 2490 (?), 2496.  
“ inflamed, 2495.  
“ ossified, 2494.  
“ cancerous, 2494<sup>10</sup>.  
Intestine injured by strangulation, 2486<sup>30</sup>, 2486<sup>45</sup>, 2492<sup>10</sup>.  
Omentum strangulated, 2486<sup>40</sup>, 2486<sup>60</sup>, 2486<sup>80</sup>, &c.  
“ removed in various cases, 2509, 2510, 2511, 2512, 2512<sup>35</sup>, 2512<sup>70</sup>.  
In female, 2099<sup>40</sup>.

DIRECT INGUINAL, 2498, 2498<sup>50</sup>, 2498<sup>60</sup>, 2499.

DIRECT AND OBLIQUE TOGETHER, 2498<sup>40</sup>, 2500.

FEMORAL, 2501, 2501<sup>5</sup>, 2501<sup>10</sup>, 2501<sup>50</sup>, 2502, 2502<sup>25</sup>, 2502<sup>30</sup>, 2502<sup>35</sup>, 2502<sup>50</sup>, 2503,  
2503<sup>15</sup>, 2503<sup>35</sup>, 2503<sup>52</sup>, 2503<sup>70</sup>.

Strangulated intestine, 2499<sup>35</sup>, 2501<sup>50</sup>, 2502<sup>20</sup>, 2502<sup>55</sup>, 2502<sup>60</sup>, 2502<sup>65</sup>, 2502<sup>75</sup>,  
2503<sup>20</sup>.

Artificial anus, 2502<sup>55</sup>.

OBTURATOR, 2503<sup>80</sup>, 2503<sup>85</sup>.

UMBILICAL, 2504, 2505, 2505<sup>50</sup>, 2505<sup>55</sup>, 2505<sup>60</sup>, 2505<sup>65</sup>, 2506, 2506<sup>32</sup>, 2506<sup>43</sup>, 2506<sup>64</sup>,  
2506<sup>72</sup>, 2506<sup>80</sup>.

DIAPHRAGMATIC, 2506<sup>85</sup>, 2506<sup>90</sup>, 2507.

INTERNAL STRANGULATION, 2440<sup>40</sup>, 2443, 2444, 2444<sup>50</sup>, 2455, 2455<sup>50</sup>, 2459<sup>50</sup>, 2507<sup>25</sup>,  
2507<sup>32</sup>, 2507<sup>40</sup>, 2507<sup>50</sup>, 2507<sup>55</sup>, 2507<sup>60</sup>, 2507<sup>63</sup>, 2507<sup>70</sup>, 2507<sup>75</sup>, 2508, 2508<sup>25</sup>,  
2508<sup>30</sup>, 2508<sup>50</sup>, 2508<sup>75</sup>.

HERNIA OF BLADDER, 2487.

HERNIA OF FALLOPIAN TUBES AND OVARY, 2488.

# FEMALE GENITAL ORGANS.

## OVARIES.

### 2224. Virgin uterus and its appendages.

From a young woman, aged 18 years. The ovaries smooth and plump, and of remarkably large size. Injected.

### 2224<sup>20</sup>. An ovary dilated into a small cyst, in which are seen small partitions giving it somewhat of the compound form; arising no doubt from distension of the Graafian vesicle.

### 2224<sup>64</sup>. Uterus and appendages. The broad ligament, probably in common with the whole peritoneum, much thickened by chronic inflammation. The ovaries are enlarged, and the seat of an adventitious deposit, soft and friable, which was thought, when recent, to be scrofulous. No history.

### 2225. Both ovaries uniformly and similarly enlarged to the size of one's fist, smooth externally and compact internally. The growth is seen to consist of a fibro-plastic material, rather than cancerous. The woman had borne children, and the tumors commenced after the cessation of menstruation, and caused a swelling sensible externally above the pubis. She died much wasted.

The case is alluded to by Dr. Bright in the Guy's Hospital Reports (vol. iii. p. 266), who says it is very difficult to determine whether the tumors are malignant or scrofulous.

Old Museum Book, No. 35.

2225<sup>25</sup>. Uterus and its appendages, showing the ovaries of large size, and of remarkably elongated and flat figure; the tumor smooth and very nearly, if not quite, free from cicatrices.

2225<sup>50</sup>. Uterus and its appendages, the ovaries are rugous, as in advanced age. A tumor as large as a walnut appears to have formed laterally in the walls of the uterus, or at the base of the broad ligament. It is composed of a soft fibro-plastic tissue, and is encysted. The nature and position of the growth appear somewhat remarkable.

2225<sup>75</sup>. Uterus and its appendages. Ovaries rather large, with their tunics particularly thick, corrugated, and granular. When recent, they were mottled with spots of a red colour, and contained several shrivelled Graafian vesicles. The fimbriated extremity of the Fallopian tubes are bound down, and remarkably firm, dense, and fleshy.

Case of M. B., aged 40, who died of peritonitis and granular kidney, under Dr. Hodgkin's care in 1830. Was married, but had no children.

See prep. of intestine 1831<sup>80</sup>; and drawing 306.

9. Green Insp. Book, p. 107.

2226. Section of an ovary, showing a true corpus luteum, and in the same ovary there is a false corpus luteum depending upon a diseased Graafian vesicle, or one containing blood.

2227. Uterus and its appendages. The ovaries large, round, mammillated, and containing enlarged vesicles; in one of which there is a coagulum of blood. The Fallopian tubes are bound down by adhesions, enlarged, blunt, closed at the extremity, and having lost all appearance of morsus diaboli. The omentum is seen adhering to the fundus uteri.

Case of M. A. R., aged 28, under Dr. Back in 1826. She had led a very irregular life, and died of diseased kidneys and dropsy.

Heart and vena portæ containing coagula. Prep. 1450 and 1528.

1. Green Insp. Book, p. 118.



2227<sup>75</sup>. A small portion of an ovarian cyst injected, with a smaller cyst springing from its surface.

Dr. Oldham.

2228. Uterus and appendages. The right ovary containing a large cyst, probably an enlarged Graafian vesicle, filled with coagulated blood.

2228<sup>10</sup>. Uterus and appendages; showing the ovaries with their tunics remarkably thickened and corrugated, and containing several cysts, which appear to be produced by the enlargement of Graafian vesicles; one in particular is distended by a large coagulum. The uterus is enlarged, and its peritoneal surface and broad ligaments much thickened, by chronic peritonitis.

2228<sup>20</sup>. Ovary, containing a cyst of considerable size; it was filled with dark grumous blood, and appears to have been occasioned by the distension of one of the Graafian vesicles.

Case of Francis F., aged 22, a patient of Dr. Bright in 1829, who died of bronchitis.

Cretaceous deposit in lungs; see prep. 1744<sup>50</sup>.

7. Green Insp. Book, p. 114.

2228<sup>50</sup>. Uterus and its appendages, with one of the vesicles of De Graaf considerably distended, and containing a coagulum of blood, which appears to have been formed at two distinct periods.

Case of Mary B., aged 24, who was under Dr. Bright's care for disease of the kidney in the year 1831.

See kidney 2041<sup>50</sup>.

11. Green Insp. Book, p. 59.

2228<sup>35</sup>. Ovarian cyst opening into the large intestine.

Ann S., aged 36, under Dr. Gull, April, 1861, for Bright's disease. At the same time there existed in the abdomen a remarkable tumor, being a cyst containing fluid and air. On striking it, a loud splash was heard, and at the same time it was resonant on percussion. On post-mortem examination, a tumor was found in lower part of abdomen giving the same signs on percussion. On opening it a fetid gas escaped,

and at its lower part was a turbid purulent fluid; the intestines were adherent to it, and at the bottom was an opening communicating with the upper part of the rectum.

Insp. 76, 1861.

2228<sup>40</sup>. Uterine system of a married woman, aged about 28, showing a cyst which appears to involve the right ovary and Fallopian tube. The opposite ovary also forms a considerable cyst. This patient was affected with icterus, and died suddenly. The peritoneal cavity contained a large quantity of recently extravasated blood. This cyst was also filled with grumous blood, and presented a distinct rupture opening into the peritoneum.

Presented by Mr. B. Ridge.

2228<sup>45</sup>. Uterus elongated to two or three inches over a cyst in the ovary, which is as large as an infant's head, having thick walls and a soft organized lining, which has become corrugated, and a sinuous opening communicating with the colon. When recent, the lining membrane had the appearance of a thickened mucous membrane. A small aperture is seen communicating with the cæcum.

Case of Mary Ann J., aged 22, under Dr. Bright in 1836. A year before she had observed a tumor in the left iliac region, which had gone on increasing until three months before admission, when diarrhœa came on and the tumor decreased. A continued discharge and prolonged mucous irritation of the intestine at last caused her death.

See drawing, No. 376.

8. Misc. Insp. Book, p. 110, and Guy's Hosp. Rep., vol. iii. p. 220.

2228<sup>48</sup>. Ovarian cyst, the size of the largest orange, having thick and indurated walls, and a communication with large intestines and perhaps also with the vagina, in which a wide, malignant, sloughy erosion has nearly removed the os with all the surrounding cuticle.

2228<sup>50</sup>. Uterus and appendages. One ovary forms a cyst with thick walls, and contains what appears to be a coagulum of blood as large as a chestnut.

- 2228<sup>55</sup>. Uterus and appendages, showing the remains of an abscess on the right side in connection with the ovary, and proceeding downwards to form a communication with the bladder.

Alice B., aged 29, under Dr. Hughes. She had been confined thirteen weeks before her death, and had suffered from pelvic cellulitis during this time, having also a purulent discharge from the bladder. She suffered also from disease of the heart. In the pelvis, on the right side, there was found beneath the peritoneum a large abscess, extending down on the psoas and as high as the kidney. It was confined to the sub-peritoneal tissue by the ovary, which on removal caused the flow of pus into the abdomen; the abscess also communicated with the bladder near the ureter.

Insp. 59, 1855.

- 2228<sup>60</sup>. Uterus and appendages, which are surrounded by adhesions. One ovary appears wasted away; the other appears to form a sac in which an organized spongy peduncular mass has been developed. The walls are thick, and the cavity probably contained blood or fluid. A portion of bowel is adherent. There are incipient fibrous polypi in the uterus.

Case of Ann S., aged 48, under Dr. Barlow's care in 1835 for phthisis. Married; no family.

6. Misc. Insp. Book, p. 15.

- 2228<sup>70</sup>. A broad ligament with one horn of the uterus which remains above. The mass appears to consist of an ovary composed of compound cysts, some containing blood; and a broad ligament, greatly thickened by the distension of veins with coagula. Near this are also seen some small compound cysts.

- 2228<sup>80</sup>. Portion of uterus and one of the ovaries, containing a greatly distended vesicle of De Graaf. It was filled with sanguinolent serum; the lining membrane, which is distinctly injected, has several brown spots on its surface, probably the remains of ecchymosis.

From a patient in the hospital in 1832.

2228<sup>90</sup>. A simple cyst from the broad ligament. Injected and dried.

2230. Uterus and appendages. In one of the ovaries is a cyst the size of a nut, containing a yellowish substance; it is probably a corpus luteum. There is also some appearance of the formation of cysts about the extremities of the Fallopian tubes, and the uterus is somewhat enlarged, as if delivery had occurred not very long before death. It was believed she had miscarried ten or twelve days before.

Case of Elizabeth P., a woman of middle age, under Mr. Cooper for injuries and tumor in mamma in 1827.

3. Green Insp. Book, p. 38.

2231<sup>16</sup>. Uterus with its appendages. In the left ovary are one or more Graafian vesicles distended with blood. In the right is a vesicle which appears to have contracted, producing corrugation of the cyst. It is filled with a substance resembling cellular tissue.

See drawing, 373.

Ellen R., aged 22, who died of fever under Dr. Cholmeley's care in 1830. Prep. of liver, 1966<sup>82</sup>.

10. Green Insp. Book, p. 86.

2231<sup>20</sup>. Uterus and appendages. One ovary is much distended, having been filled with blood.

Dr. Lever.

2231<sup>48</sup>. Uterus and appendages enveloped in adhesions with diseased ovaries. The Fallopian tubes are seen to be closed and enlarged at their extremities, and the Graafian vesicles distended with a sanguineous fluid. There is also a fibrous tumor in the walls of the uterus.

Mary F., aged 25, who died of disease of the heart under Dr. Bright's care in 1835.

2231<sup>64</sup>. Uterus and appendages. The ovaries are of considerable size, the capsules thickened and containing several cicatrices. That on the right is corrugated, and in the left are several Graafian vesicles considerably dilated. Attached



to the broad ligament are two or three cysts, with long, slender peduncles; these are probably congenital. In the substance of the uterus is a small fibrous tumor, and in the follicles of the cervix are some small cysts.

Sarah G., under Mr. Key in 1831 for carcinoma of heart and thyroid body: Prep. 1711<sup>77</sup>, and drawing 413.

11. Green Insp. Book, p. 21.

2231<sup>60</sup>. Two ovaries laid open, in one of which there appears to be a corpus luteum; it is of considerable size, and has a cavity near the centre.

2232. A large ovarian cyst, containing fat and hair. The cyst is injected.

2232<sup>50</sup>. A dermoid ovarian cyst containing hair.

2233. A cyst connected to the ovary, and containing fat, and long coarse hair attached to its inner surface.

C. Averill, Esq.

2233<sup>50</sup>. Uterus and its appendages, with a small ovarian cyst in which some hairs and fine teeth in a shapeless jaw are lodged. Its walls are thin.

Dr. Hodgkin.

2233<sup>60</sup>. Uterus and appendages, with one ovary containing teeth, which are fixed in a shapeless mass of bone.

2234. A cyst taken from the ovary; it contains fat, hair, bones, and membranous cysts.

Case of Mary C., aged 26, under Dr. Bright in 1826. She was unmarried, and considered to be a virgin, from the state of the vagina, although there was an areola around the nipples. The tumor had existed about two years before death, and had given the patient much pain. She died of erysipelas. The tumor was adherent to the surrounding parts, and about the size of the uterus between the third and fourth months of pregnancy. The tumor originated in the left ovary, no trace of which was discoverable. The walls were thick and like cartilage, and it was filled with an offensive, yellow, fatty fluid, containing hairs (Preps. 2234, 2234<sup>15</sup>). In the cyst there was a perfectly detached body about the size of a goose's egg, and of irregular form. Its

surface very thickly covered with very minute points, resembling the pricks of a pin, and producing an appearance like that of the skin where the sebaceous follicles are most numerous, as in the scalp (Prep. 2234<sup>5</sup>). A bony mass, about two inches in length, passed through this body (Prep. 2234<sup>10</sup>). There were also two other small isolated portions of bone. The uterus was small; the Fallopian tubes lost upon the cyst.

3. Green Insp. Book, p. 171.

2234<sup>5</sup>. A mass consisting of long bodies of irregular shape, accompanied by membranous cysts, and cellular membrane with fat, and covered by common integument; from the preceding ovarian cyst.

2234<sup>10</sup>. Irregular portion of bone, covered by a loose kind of periosteum, and traversed by a curved canal lined by membrane; found in the interior of the preceding preparation.

2234<sup>15</sup>. Turmeric-yellow fatty matter, mixed with hair and fragments of lacerable structure resembling common integument; from the preceding ovarian cyst. This fatty matter had a strong and very disagreeable bituminous odour.

2235. Uterus and ovaries. In the right ovary is a cyst the size of an orange. When recent it contained fat, hair, and teeth. The latter were removed to be examined by Mr. Salter; they were three in number, attached to a basis of bone. Two had fangs, and the other was adherent to the lining membrane. They showed under the microscope the usual constituents of enamel, dentine, crusta petrosa, and what was most remarkable, a nerve within the tooth pulp. There was a quantity of loose hair in the cyst, which had no doubt been shed; and on one spot of the surface a tuft of hair was still growing. This, on microscopic examination, showed the hairs imbedded in the usual way in the sheaths, and abundant, large, well-formed sebaceous follicles opening into the hair tubes. The fat was wholly soluble in ether, and had no doubt been poured out from the sebaceous follicles.

A woman, aged 49, under Dr. Lever in 1858; after a short time she was seized with acute peritonitis and died. This was found to be due to the rupture of the cyst just described, which was formed in the right ovary.

Insp. 221, 1858; and Guy's Hosp. Rep., Series III., vol. vi., p. 511.

- 2237<sup>13</sup>. Ovarian cyst, the size of an orange, the interior being chalky. The contents were a pasty mass. Dried upon glass.

Case of Mary D., aged 40, under Dr. Addison in 1841, for renal dropsy.

See drawing of thickened pleura, No. 265<sup>50</sup>.

Misc. Insp. Book, vol. xvii., p. 343

- 2237<sup>15</sup>. Small bony tumor of the ovary, containing hair.

From a patient, aged 30.

Given to Dr. Lever by Mr. Allwork of Maidstone, October 26, 1857.

- 2237<sup>20</sup>. Layer of fat from an ovarian cyst. When the latter was opened fluid fat poured from it, which immediately solidified in the manner seen. An example of the liquid state of this material when in the living body—

From a woman, aged 52, who died of apoplexy, and was inspected eight hours afterwards. The left ovary contained a cyst about the size of the closed fist, which, when opened, poured out a quantity of liquid fat like melted tallow; there was also hair intermixed.

Insp. 3, 1859. Dr. Wilks, in Path. Trans., vol. x.

- 2237<sup>25</sup>. Hair and fat in the form of numerous small balls, from an ovarian tumor.

It had been thought that these were formed by the rolling together of the masses of fat, but the preceding specimen would tend to show that the fat exists in a liquid state while the body is alive.

Sir A. Cooper.

- 2237<sup>30</sup>. "A portion of a very large old cyst, with a cuticular lining containing a whitish pultaceous oily matter. Its walls were thin, with a spot or two of ossification."

- 2237<sup>40</sup>. Ovary containing a small cyst which is filled with hair, and when recent, by a fluid resembling olive oil.

Susan J., aged 37, who died in the Lying-in Charity from rupture of the uterus. She had had children previously. August, 1856.

- 2237<sup>45</sup>. Ovarian dermoid cyst, the size of an orange, containing fat and hair. On the surface hair is seen growing; also, on one side are two small masses of bone. When removed from the body the cyst appeared to be a simple one, containing fluid, and was put on one side for further examination. On the following day it was found solid, so that there was little doubt that if the cyst had been opened at first the fat would have been found fluid.

From Mary B., aged 51, who died of strangulated hernia.

Insp. 48, 1861.

- 2237<sup>50</sup>. Ovary, showing a cyst the size of a small egg. There is also a small fibrous tumor in the uterus.

2238. A compound fibro-cystic disease of the ovary. There are numerous cysts, and between these is a solid fibro-plastic material. This is an old preparation of Sir A. Cooper's, which he styled hydro-scirrhous, but a more appropriate name would be cysto-sarcoma of the ovary.

2239. Portion of a very large ovarian cyst, showing one of the secondary cysts, and from this are springing a number of solid growths. In these are also a number of very small cysts or cavities.

Esther W., aged 28, under Dr. Bright's care in 1827. For some years she had been the subject of ovarian dropsy, and had been tapped several times. Latterly, considerable pain and tenderness of abdomen had existed. After death the cyst was found adherent to the abdominal walls, and to contain two gallons of fluid, and to reach into the epigastrie region.

2. Green Insp. Book, p. 72.

- 2239<sup>14</sup>. Uterus and ovaries: the latter are much enlarged, and each contains a cyst the size of an egg, and a number of smaller ones in process of development. These vary in size, and some communicate with each other, and others are separated by a solid growth. The peritoneal surface of these organs is thickened from chronic inflammation, and it was said to be carcinomatous. It is thus probable that some cancerous elements exist in the uterus.

See cancer of pleura, 1778<sup>82</sup>. Peritoneal adhesions, 2439<sup>10</sup>.

Peritoneal cancer, 2469<sup>42</sup>.



2239<sup>58</sup>. Portion of a large ovarian tumor with the uterus attached. A secondary growth is seen springing from the internal surface. Injected.

2239<sup>42</sup>. A large ovarian cyst with smaller ones attached. The walls are seen to be very thin, and firmly united to the bowels above. Many coils are seen winding over the upper part, and form free communications with the interior.

From a patient of Dr. Bright's, who had been frequently tapped, 1835.

2239<sup>56</sup>. A portion of a large ovarian tumor, made up of thin closely compacted cysts, or is coarsely cellular. These contained mucus of varying characters.

Mary S., aged 26, under Dr. Ashwell in 1835. She had been married six years, and had two children. She had had none, however, for four years, during which time she had not menstruated. For three years she had perceived a solid tumor, and which had gradually increased in size. Soon after this one of the cysts burst, producing peritonitis and severe constitutional symptoms. Upon recovery she was tapped, but subsequently gradually sank. Upon post-mortem examination, the tumor was found closely adherent to the abdominal walls, and nearly filled the cavity. The greater bulk was composed of one large cyst.

7. Misc. Insp. Book, p. 64.

2239<sup>60</sup>. Section of a compound ovarian cyst. The cysts are so small, and of so uniform a size, that it has more of a cellular or honey-comb appearance.

2239<sup>65</sup>. Section of a multilocular ovarian cyst; the cysts are of small size, and formed in a tolerably solid fibre structure.

From a patient of Mr. W. H. Smith's, aged 16; supposed to be pregnant.

See drawings 370<sup>50</sup> and 51.

2239<sup>70</sup>. Part of a large ovarian cyst. The middle section of a tumor with thin parietes, two-thirds of which, and nearly as much of the included cavity, are occupied by simple secondary cysts, with indefinite bases loosely packed together.

- 2239<sup>84</sup>. Uterus, and a portion of a large cyst, from the left ovary. It is of a compound serous kind, and had burst spontaneously during the life of the patient, from which accident she recovered and survived several months. The cicatrix appears in the portion of the cyst preserved. There are several long and slender cysts on the peritoneal surface in consequence of the formation of false membranes; they have become perfectly vascular. The patient died from malignant disease of the stomach.

Presented by Mr. May of Tottenham.

2240. A large ovarian cyst, with several accompanying smaller cysts, and several bunches of cauliflower excrescences both on its inner and outer surfaces.

- 2240<sup>82</sup>. Uterus and its appendages, with several compound serous cysts of moderate size developed in the ovaries and parts adjacent. Some solid wart-like growths are seen springing from their internal surface.

Sir A. Cooper.

- 2240<sup>64</sup>. Bladder. Uterus and its appendages, with a compound serous cyst of about the size of a large orange, which appears to be developed in the left ovary. The right Fallopian tube greatly distended and formed into pouches. The uterus enlarged and contains small fibrous tubercles.

Case of Jemima B., aged 60, under Dr. Bright in 1830, for hepatic ascites.

9. Green Insp. Book, p. 40.

2241. "Large cyst from the ovary or its neighbourhood; its internal membrane is raised by numerous smaller cysts; one or two of these are opened, showing their cavities filled with an inferior order of cysts, over which is reflected the lining membrane of that in which they are contained. Some have small cribriform openings, as if ulcerated. The preparation is injected."

2241<sup>10</sup>. A large compound ovarian cyst having several tuberosc tumors springing from the internal surface; others, consisting of cysts containing others of an inferior order, and filled with mucoid fluid. There are likewise numerous bunches of highly vascular filaments attached by very slender peduncles.

Private patient of Dr. Stroud, aged 40, in 1828. She was married late in life and had one child. Subsequently a tumor formed, which she thought to be due to a second pregnancy. She was repeatedly tapped. The body contained no other organic disease.

7. Green Insp. Book, p. 94.

2241<sup>20</sup>. Cyst, belonging to the compound serous class, with nodulous tumors, apparently of a carcinomatous character, developed in its parietes. The peritoneum is distended with fluid, and thickly sprinkled with small cysts and carcinomatous tubercles of various sizes.

See peritoneum, 2459<sup>25</sup>.

2241<sup>30</sup>. "False membrane, enveloping the uterus and ovaries; with a large tumor, perhaps an ovary."

Dr. Hodgkin.

It is not now very evident what is the nature of the disease or where situated; but it appears as if it was composed in part of the fibrin of the blood, and therefore it may have arisen from effusion of blood in the ovary, or be a retroperitoneal hæmatocele.

2241<sup>40</sup>. Large ovarian tumor, consisting of compound serous cysts, with broad bases.

From a patient of Dr. Back's.

2241<sup>50</sup>. Portion of a large multilocular ovarian tumor.

2241<sup>60</sup>. Portion of same tumor as preceding.

2241<sup>62</sup>. Portion of a large ovarian cyst, presenting numerous little masses of compound gelatinous cysts. Injected.

2241<sup>70</sup>. Portion of a large ovarian cyst. The cysts are of the compound kind with broad bases.

Case of Mary M., aged 33, under Dr. Addison's care in 1831. General peritonitis had occurred, and the cyst, which occupied all the lower part of the abdomen, was closely adherent to its walls. The cyst was formed in the left ovary, and covering it both internally and externally were numerous smaller cysts.

Remains of a supposed umbilical hernia. See prep. 2506<sup>80</sup>.

2. Misc. Insp. Book, p. 180.

- 2241<sup>60</sup>. Portion of an ovarian cyst. This case was remarkable for the extreme tenuity and tenderness of the cyst, which nearly filled the abdomen; the inclosing cyst, if any existed, was so extremely thin as not to be distinctly separable from the peritoneum, to which it closely adhered.

From a private patient.

Presented by Dr. Addison and Mr. Morgan.

- 2241<sup>90</sup>. A very large ovarian cyst; the principal cavity is of considerable size, and the cysts developed in its parietes are numerous, large, and compound. It has been injected, and the vascularity of the secondary cysts which have broad bases is very evident.

From a patient of Dr. Back's.

- 2241<sup>95</sup>. A compound ovarian cyst in left ovary, without adhesions. The uterus is not much enlarged. Three small polypi are seen in the upper part of its cavity.

2242. "Cysts from the neighbourhood of the uterus. In most of these there are pedunculated bunches of smaller cysts, formed from the lining membrane of that in which they are contained. This preparation shows the transition from the bunches of cysts to flocculent fimbriæ."

Dr. Hodgkin.

Case of Elizabeth B., a patient of Dr. Cholmeley in 1825.

Red Insp. Book, p. 191.

- 2242<sup>10</sup>. Two cysts from the same subject as the preceding.



- 2243<sup>25</sup>. Simple ovarian cyst about the size of an adult head; the surface had contracted some slight adhesions; the walls were thin and the lining rather granular.

Case of Mary L., aged 62, under Dr. Bright in 1838. She was the mother of thirteen children, the youngest being twenty-six years of age. Two years before admission the tumor was first perceived, growing on the left side. She was tapped several times. The other organs were found healthy.

13. Misc. Insp. Book, p. 111.

- 2243<sup>50</sup>. Portion of an ovarian cyst, globular, having somewhat dense parietes, and a spongy, reticular lining. A portion of round ligament externally.

2244. Suppurating ovarian tumor, communicating with the vagina and rectum. There are also numerous cysts in the neighbourhood, apparently ovarian. The growths from the lining membrane are in the form of flocculent fimbriae, and appear to have generally lost their vitality. The secretion surrounding them was thick, whitish, and diffusible through water.

Mr. Averill.

- 2244<sup>20</sup>. Abscesses in each ovary, one communicating with rectum, the other with colon.

Case of Charlotte S., aged, 43, a patient of Dr. Birkett's, at the Surrey Dispensary in 1846. She was married and had children at an early age, but none of late. Her present complaint commenced two years ago. She was only treated by internal medicines. For some months past she suffered from severe abdominal pains, and discharge of pus from the bowels. The left ovary was found adherent to the surrounding parts, and containing an abscess which communicated with the sigmoid flexure of the colon. In the right ovary was a similar abscess, also communicating with the rectum.

See New Vol. II., p. 332.

- 2244<sup>50</sup>. Uterus and ovaries which have been enveloped in adhesions. The left ovary is considerably enlarged by the formation of cystiform and peduncular bodies.

2245. "One-half of a uterus with its corresponding ovary, tube, and ligaments; to which are attached numerous branches of pedunculated cysts, erroneously called hydatids, and assuming a cauliflower appearance. They were probably inclosed in a cyst which has been removed. There is likewise, near the junction of the Fallopian tube to the uterus, a small calcareous deposit, under which is placed a piece of whalebone."

Old Museum Book, No. 213.

- 2245<sup>20</sup>. A pregnant uterus, with a large fibrous growth in the ovary. At its uterine border is seen the corpus luteum.

The woman died of carcinoma of the liver. July, 1862.

Mr. Lovegrove, Sevenoaks.

- 2245<sup>32</sup>. Compound ovarian cyst of both ovaries. Springing from their walls are the most delicate villous and pedunculated growths, or, as they have been called, cauliflower excrescences. Injected.

- 2245<sup>64</sup>. A cyst of large size developed in the ovary, and closely adhering to the uterus. It is filled with numerous bunches of small pedunculated cysts, attached to almost every part of its internal surface. There was merely sufficient quantity of mucous secretion to prevent the bunches of cysts from adhering amongst themselves.

2246. Portion of a large ovarian cyst, to the inner surface of which are attached some pedunculated solid growths.

- 2246<sup>32</sup>. Uterus and ovaries. The right ovary is converted into a hard, apparently fibrous, tumor, the size of a goose's egg, and in it are a few cysts. The uterus also has a fibrous tumor in its walls, and a fibrous polypus in its cavity. Injected.

Ann C., aged 48, admitted with cancer of both breasts under Mr. Key in 1830; and also tumors in the abdominal parietes and liver.

See prep. 1922<sup>48</sup>, and peritoneum, 2462<sup>50</sup>; Drawing, 379.

2. Misc. Insp. Book, 13, and Guy's Hosp. Rep., vol. iii., p. 194.

2246<sup>40</sup>. Carcinomatous tumor of the right ovary, of about the size of an egg. Injected. Malignant deposits were found in various parts of the abdomen.

2246<sup>45</sup>. Both ovaries affected by carcinoma, which has converted them into solid tumors, about the size of the human kidney.

Eliza B., aged 40, under Dr. Gull for carcinoma of brain, breast, and various other parts of the body. She was delivered prematurely of a child whilst in the hospital, and a few weeks only before her death.

Insp. 162, 1860.

2246<sup>48</sup>. Both ovaries considerably enlarged by adventitious growths, apparently carcinomatous.

From a private patient of Dr. Bright's.

2246<sup>50</sup>. A very large fibrous tumor of the left ovary. It is smooth on the surface, and of oval shape. When cut, it was found to be very hard, and the section presents the usual appearance of fibrous tumors of the uterus, being made up of fibres interlacing and curving in various directions. In the midst is a small mass which is softer than the surrounding parts, is vascular, possibly may be the remains of the ovary itself; although it is composed now wholly of fibre. The tissue is composed wholly of fibre, resembling both areolar tissue and the broader bands seen in tumors of the uterus.

Mary M., aged 57. It occupied the left side of the abdomen, reaching as high as the hypochondrium; its duration of growth was unknown. It weighed between two and three pounds.

12. Green Insp. Book, p. 98.

2. Note Book, p. 28.

Trans. Path. Soc., vol. ix., p. 299.

2246<sup>59</sup>. Uterus and ovaries. The latter are converted into large tumors, each the size of a cocoa nut, by the production of a fibro-plastic material. The stomach was affected in a similar way by a growth which resembled that seen in the recurrent fibroid tumors.

Elizabeth S., aged 18, admitted under Dr. Addison for chronic disease of the stomach. A tumor was perceptible at the epigastrium, and two others in the abdomen.

See stomach prep., 1812<sup>50</sup>.

Record of Insp., 61, 1858; and Trans. of Path. Soc., vol. x., p. 146.

2246<sup>60</sup>. Uterus and ovaries. The latter converted into solid, hard, oval tumors, composed of fibro-plastic material. Each weighed about three pounds. One contains three or four cysts, and they are smooth on the surface. They lay quite loose in the abdomen, and resembled somewhat the recurrent fibroid in character.

Hannah B., admitted into the hospital for ovarian disease, when she was taken with pleurisy and died.

Record of Insp., 162, 1857; and Trans. of Path. Soc. vol. ix., p. 300.

2246<sup>61</sup>. Uterus, with a large ovarian cyst which had burst spontaneously, and had become repaired. Within, an inverted portion of the old wall is seen, and a reduplication of the cyst is indistinctly seen in the section.

Case of Ann B., aged 46, under Dr. Addison in 1836. When first seen, in March, 1834, she stated that she had had children at an early age, and had menstruated regularly since; that five years before, she observed a swelling in the right iliac fossa, that the tumor increased although her health remained good until ten days ago, when she fell and struck her abdomen. She was seized with violent pain, sickness, and fainting, and then perceived that the swelling, which was before local, had diffused itself all over the abdomen. On admission she was suffering from acute peritonitis, and was altogether exceedingly ill. She soon perfectly recovered, and again entered into domestic service in 1836, only a small tumor in left iliac region being distinguishable. She died in August of 1836, and the sac was removed. There were adhe-



sions in various parts of the abdomen; the ovarian cyst occupied the pelvis, and was closely connected to surrounding parts. It contained about two quarts of a reddish thick fluid, and the lining membrane was covered with thick layers of albuminous matter. Upon the front of the tumor was a band, formed by the folding of the walls upon themselves as the cavity shrunk in size. The walls were so firmly united that the reduplication was only clearly seen when a section was made. Upon the posterior wall the remains of the rupture was seen; this had been about eight inches in length. The edges of the rent had not united, but the inferior lip was found floating free within the cavity, whilst the superior lip of the rent was glued over the opening to the cyst below.

See 9, Misc. Insp. Book, p. 124, and Guy's Hosp. Rep., vol. i., p. 41.

2247. An ovary containing two large cysts.

2247<sup>10</sup>. Dried preparation of an ovarian cyst having almost a simple cavity. Its extirpation was commenced, but not thought to be practicable, and the patient died of peritonitis.

Case of Harriet W., aged 27. See prep. of uterus, No. 2259<sup>80</sup>.

15, Misc. Insp. Book, p. 103.

2247<sup>20</sup>. An ovarian cyst distended and dried. It was extirpated by West of Tonbridge. The patient recovered.

Presented by Mr. Gorham.

2247<sup>64</sup>. A dried and injected specimen of the uterus, with a large cyst in each ovary. There are smaller cysts at the fundus of the uterus.

2248. A large ovarian cyst, dried.

2248<sup>80</sup>. A large ovarian cyst, dried, removed during life.

Ann C., aged 30, a single woman. The tumor was noticed about one and a half year before. It had been tapped several times before to a large amount. Mr. Forster removed it by the small incision, after first drawing off the fluid. It was adherent to the parietes in front. The patient died on the following day.

Record of Insp. 23, 1859.

- 2248<sup>32</sup>. An ovarian cyst of about the size of a child's head, and containing numerous soft, fungating growths on its inner surface, which have very much of a carcinomatous character.

Case of Mary A., aged 45, under Mr. Morgan's care in 1830 for diseased hip. There was no disease in the body except the ovarian. This occupied the left side of the abdomen as a large tumor, over which the sigmoid flexure of the colon passed. Its walls were so thin that the least pressure broke through them, and a curdy fluid escaped. At the time of examination Dr. Hodgkin did not determine whether it was scrofulous or carcinomatous, but he inclined to the latter.

See 9. Green Insp. Book, p. 83.

- 2248<sup>43</sup>. Portion of ovarian cyst containing matter of a gelatinous character, giving it the appearance of colloid.

Case of Elizabeth W., aged 44, under Dr. Bright's care in 1838. The abdomen had been enlarging four months, and two attempts to tap her proved ineffectual, as only a small quantity of gelatinous fluid escaped. The tumor was found after death to proceed from the left ovary, and filled the abdominal cavity, inclosed in a capsule of unequal thickness, and presenting protuberances on its surface. It was composed of a number of cells formed by vascular partitions, and which were filled with a gelatinous glairy fluid. The whole contained about two gallons. It was called by Dr. Hodgkin a compound malignant cyst.

See 13. Misc. Insp. Book, p. 96, and Drawing 384.

- 2248<sup>64</sup>. A section of a large ovary to which the uterus is united. The tumor consists of small gelatinous cystiform bodies, and was considered at the time of its removal carcinomatous. The large excavation in its middle was thought to depend upon decomposition.

Presented by Mr. Kingston of Walworth.

- 2249<sup>32</sup>. Uterus and its appendages, with one of the ovaries greatly enlarged by carcinomatous (?) disease; a section of which is exhibited.

Presented by Mr. Lyon of Pentonville.

- 2249<sup>64</sup>. Uterus and its appendages, with small cancerous tumors attached to the right ovary and other parts.

See preps. 2062<sup>50</sup>, 2467<sup>35</sup>, 2470<sup>21</sup>, 42.

Presented by Mr. Trench through Sir A. Cooper.

## FALLOPIAN TUBES.

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2251. Uterus and its appendages from a child. The Fallopian tubes tortuous and distended by a cheesy scrofulous matter. A small peritoneal cyst is attached by a long slender peduncle to one of the tubes near its fimbriated extremity.

2251<sup>10</sup>. Uterus, ovaries, and Fallopian tubes. These are tortuous and distended, with a yellowish white substance, apparently scrofulous. They were bound to the ovaries.

Case of A. H., aged 11, who was under Dr. Bright's care in 1829. She died of strumous inflammation of the brain, and had also tubercles in the lungs.

8. Green Insp. Book, p. 143.

2251<sup>40</sup>. Uterus and Fallopian tubes. The latter, with the ovaries, were invested in the adventitious tissue, forming part of a general tubercular peritonitis. The tubes were greatly distended with a white thick grumous matter, and remains of this tubercular secretion are now seen covering their lining membrane. The internal surface of the uterus is also seen to contain similar deposit upon it.

Case of Rebecca L., aged 22, who was under Dr. Addison in 1835, and who died of phthisis and strumous peritonitis.

13. Green Insp. Book, p. 8.

2251<sup>60</sup>. Uterus and its appendages, with a large cyst, apparently formed in the Fallopian tube, and the latter communicating with a very rough-walled cavity behind.

Case of Harriet C., aged 20, under Dr. Addison in 1829. She had a tumor in the abdomen reaching nearly as high as the umbilicus, and had suffered much pain. She died of acute peritonitis. Upon opening

the body old and recent adhesions were found, and upon moving the intestines, a large irregular-shaped cavity was opened, filled with semi-purulent matter. It appeared to be a sac formed by old adhesions, its walls (as seen in prep.) very thick, irregular, and indurated. The cyst appeared to be formed in the left broad ligament. It was about the size of the uterus in the fourth month of pregnancy, it contained clear serum, the lining membrane was smooth, and it contained within it two smaller cysts. The left Fallopian tube is seen passing over it, much enlarged and thickened, and its cavity was distended by a thick grumous substance, as in the sac before mentioned, and with which it was supposed to communicate. It would appear as if there had been cysts in the Fallopian tube and ovary, and that some of the former had burst, setting up peritonitis and the formation of the purulent sac among the intestines.

8. Green Insp. Book, p. 158.

2252. Uterus and its appendages. The Fallopian tubes have lost all appearance of fimbriæ at their extremities, which are greatly dilated. The ovaries are extremely wasted. The os uteri almost obliterated. Numerous peritoneal adhesions about the uterus and tubes.

Case of Eliza S., who was under Dr. Bright in 1826 for ascites, which was probably due to cirrhosis of the liver.

For adhesions between liver and diaphragm, see prep. 2440.

1. Green Insp. Book, p. 1.

- 2252<sup>50</sup>. Uterus and its appendages, with adhesions binding down the Fallopian tubes. One of these is closed at its extremity by its adhesion to the ovary, and partially dilated.

- 2252<sup>75</sup>. Fimbriæ of Fallopian tubes, with earthy bodies formed in their extremities.

Case of Sarah G., aged 19, under Dr. Back's care in 1839, for dropsy, and probably Bright's disease.

17. Misc. Insp. Book, p. 31.

2253. "Uterus and Fallopian tubes. One of the latter greatly distended; it appears to be closed towards the uterus: the other, which is but little dilated, communicates by a large opening with the cavity of the uterus, which is large and unhealthy."



2253<sup>9</sup>. Uterus and its appendages. The right Fallopian tube terminates in a blind extremity, but there is some imperfect appearance of fimbriæ. The ovaries have remarkably thick and corrugated capsules. There is some false membrane on the right ovary and tube.

Case of Francis B., aged 57, who was under Dr. Bright in 1831, and died of phthisis and ulcerated intestine.

2. Misc. Insp. Book, p. 108.

2253<sup>64</sup>. Uterus and appendages, with some adhesions. The Fallopian tubes obstructed and distended, the ovaries elongated, rugous, and dense.

Presented by Dr. Stroud.

2254. Uterus and appendages, with numerous old peritoneal adhesions; the Fallopian tubes bound down, and obliterated at their extremities; they are also much dilated.

2254<sup>10</sup>. The fundus of the uterus, with the broad ligaments, the serous membrane of which has been the subject of inflammation. The wasted and rugous ovaries, with the fimbriæ, are involved in adhesions. The Fallopian tubes are dilated by the accumulation of fluid within.

2254<sup>15</sup>. Uterus and appendages. In the Fallopian tubes are small cysts, which communicate with its channel. The Graafian vesicles of the ovaries are seen enlarged; the os and cervix uteri swollen; and the lining membrane coarse, probably result of tuberculous inflammation.

2254<sup>21</sup>. Considerable dilatation of Fallopian tubes from collection of strumous fluid within.

2254<sup>30</sup>. Uterus and its appendages, showing dropsy and very great dilatation of the right Fallopian tube.

Case of Amelia E., aged 45, under Dr. Babington's care in 1841, for renal dropsy.

18. Misc. Insp. Book, p. 87.

2254<sup>40</sup>. Uterus and its appendages. The Fallopian tubes are blunt and impervious, and firmly bound down by peritoneal adhesions. The left is laid open, its mucous membrane is discoloured, and its parietes, as well as the neighbouring structure appear thickened and dense.

2254<sup>65</sup>. Distended Fallopian tubes. They are about an inch in diameter, and filled with a thin pus. Ovaries atrophied.

Case of Mary B., aged 48, under Dr. Gull's care in 1854. She died of disease of the mitral valve and dropsy.

Insp. No. 36, for 1854; and drawing 370<sup>8</sup>.

2254<sup>80</sup>. Uterus and right Fallopian tube, greatly distended towards the fimbriated extremity, which is lost in its adhesion to the neighbouring parts. In the corresponding ovary is a distended vesicle of De Graaf filled with firmly coagulated blood. There are numerous peritoneal adhesions in the neighbourhood of these parts.

2255<sup>32</sup>. Part of the uterus, with ovaries and Fallopian tubes. On the fimbriated extremities of the latter are small hard bodies of cartilaginous or osseous character. In one of the ovaries is a cyst of the size of a nut, of an ochreous colour, and filled with grumous blood. There are also some pedunculated cysts attached to the broad ligament.

From a young woman, aged about 18, who had had numerous attacks of chorea, the last of which was of extraordinary severity, and carried her off. Some circumstances of an erotic character appear to have excited or aggravated her malady.

2255<sup>64</sup>. Uterus and appendages. To the right Fallopian tube are attached two small cysts with long and slender peduncles.

2256. "Fallopian tube and ovary injected, showing small pedunculated cysts attached to the tube and fimbriated extremity. There is a corpus luteum (?) in the ovary."

2257. Uterus and its appendages. To one of the ovaries a small serous cyst is attached by a very long slender peduncle; in the other is a cyst dependent upon an enlarged Graafian vesicle. Both tubes end in blunt extremities without fimbriæ.

2258. One half of a uterus, with its corresponding appendages, showing a cyst developed in the parietes of the Fallopian tube, but not communicating with the tube.

Case of M. H., aged 20, who was under Dr. Bright's care in 1826 for erysipelas and pleurisy.

Red Insp. Book, p. 162.

2259. "Uterus somewhat enlarged, with one of the Fallopian tubes laid open, in the parietes of which a pretty large cyst is developed."

## UTERUS.

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2259<sup>20</sup>. The vagina, bladder, rectum, and part of the colon of a woman, from whom Dr. Blundell, about a year before, had removed the entire uterus.

Mary M., aged 50, whose uterus was removed for carcinoma \* in the year 1828, perfectly recovered and remained well until nearly a year afterwards, when she became the subject of a vaginal discharge and constipation of the bowels. The latter condition became quite insuperable, and she shortly died. Upon post-mortem examination, cancer was found to have developed itself in the rectum, vagina, and neighbouring parts, and which had given rise to the symptoms and the fatal result. Otherwise perfect union had taken place between the pelvic organs, and the cure was complete. The bladder was situated in its usual position behind the pubes. The enlarged sigmoid flexure occupied the left side, and the space made by the removal of the uterus was now occupied by peritoneal adhesions, by the remains of the broad ligaments, and the ovaries. The position of these parts could not satisfactorily be made out, owing to the presence of the malignant disease in their structure. A portion of this cancer occupied the upper end of the vagina, and closed the canal. The spleen and kidney, being remarkably small, were preserved.

See preps. 1993<sup>40</sup> and 2022<sup>24</sup>; drawings of internal viscera, Nos. 393 and 395.

7. Green Insp. Book, p. 137. .

2259<sup>40</sup>. Uterus, vagina, bladder, and part of the colon, showing the uterus enlarged and greatly distorted, being flattened and drawn obliquely upwards by a large cyst, which appears to have been developed near its posterior surface, or in the Fallopian tube. This cyst has contracted numerous peritoneal adhesions, more especially with the colon. There are few serous simple cysts on the external surface. The internal surface of the cyst is irregular, like that of an enlarged bladder, and presents a few simple cysts, which contained a somewhat mucous fluid. The vagina presents

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\* See Medical Gazette and Lancet.



one or two spots in which its parietes are preternaturally thin; the larger allowed the protrusion of the neighbouring parts, which produced the tumor during life. The bladder was perforated at the anterior part, and communicated with the diseased symphysis pubis.

Case of Jane R., aged 42, who was under Dr. Bright's care in 1830, for ovarian and renal disease.

See prep. of kidney 2035<sup>42</sup>, and drawing of same No. 362, and prep. of vena cava obstructed by glands, No. 1521<sup>90</sup>.

11. Green Insp. Book, p. 6.

2259<sup>89</sup>. Uterus and Fallopian tubes, with a large cyst, probably ovarian; the neck of the uterus is remarkably elongated, and its body distorted, with considerable loss of symmetry; one of the Fallopian tubes is also greatly elongated by attraction from the cyst. There are two remarkably long and slender adventitious bridges between the cyst and the portion of intestine.

2259<sup>89</sup>. Uterus and ovaries. The preparation is intended to show the incurvation forward of the cervix uteri, or anteversion of the uterus.

2259<sup>90</sup>. Uterus with the left ovary. The uterus is somewhat deformed by traction on its right horn.

From the patient in whom ovariectomy was attempted. Prep. 2247<sup>10</sup>.

15. Misc. Insp. Book, p. 103.

2259<sup>91</sup>. A small os uteri from a patient who had suffered from dysmenorrhœa.

2259<sup>92</sup>. A very contracted os uteri.

2259<sup>95</sup>. Occlusion of os uteri by a cicatrix. The neck and body were slightly dilated by a bloody mucus. The ovaries very wasted.

Case of Janet B., aged 68, under Dr. Bright in 1840 for cancer of breast and other parts. Prep. of cancer of calvaria, 1081<sup>78</sup>.

17. Misc. Insp. Book, p. 154.

2259<sup>96</sup>. Dysmenorrheal membrane.

2259<sup>97</sup>. Specimens of dysmenorrheal membrane.

Drawing 393<sup>52</sup> 53.

2259<sup>98</sup>. Specimen of dysmenorrheal membrane.

2259<sup>99</sup>. Two fragments of dysmenorrheal membrane. One is triangular, corresponding in size to the cavity of the uterus, and was thrown off during menstruation.

Dr. Oldham ; January, 1857.

2260. A portion of membrane cast off from the uterus, and thought might be an ovum. On surface are rugæ corresponding to cervix uteri, and the tissue is composed of pavement epithelium. It probably resulted from an inflammatory action of mucous membrane of uterus.

Dr. Taylor, Camberwell, January, 1858.

2260<sup>2</sup>. Coagula from the uterus, having somewhat of a membranous form, from a patient who laboured under dysmenorrhœa.

Dr. Ashwell.

2260<sup>4</sup>. A coagulum filling the cavity of the body and cervix of the uterus. This preparation was taken from the body of a woman who was the subject of jaundice, and who had hæmorrhage from the mucous surfaces.

2260<sup>12</sup>. A vesicular polypus just within the os uteri, and another just beyond the cervix. These are very small and translucent, as if made up of a number of vesicles.

2260<sup>25</sup>. Young polypus in the uterus; also a small fibrous tumor in the walls.

2260<sup>62</sup>. Fungoid excrescence in interior of uterus.

Case of Sarah S., aged 32, who was in the hospital in 1844 for ovarian tumor. The latter had been growing for five years, and was

removed by Mr. Bransby Cooper. The patient died six days afterwards of peritonitis. The tumor was of the compound cystic variety. Besides the growth within the uterus, a tubercle was situate in the fundus externally; this was examined microscopically, and said to be cancerous.

See case in Med. Chir. Trans. for 1844.

2260<sup>75</sup>. "Portion of soft vascular fungus (cancer?) which is said to have escaped from within the uterus, and to have become spontaneously separated, as well as others, at different times." This appears to be merely an old partially decolourized coagulum of blood.

Presented by Thos. Moody, Esq.

2 261. Uterus and its appendages, with a polypus about the size of a bean, and of a soft consistence, lying in its cavity covered by the mucous membrane; ovaries hard and shrunken.

Case of Mary S., aged 60, who died under Dr. Back's care in 1827, with bronchitis and dropsy.

4. Green Insp. Book, p. 72.

2261<sup>10</sup>. Uterus and its appendages; the former somewhat enlarged, and containing a polypus of the size and figure of a large bean, which had grown from its mucous membrane. Throughout its substance it was thickly set with delicate simple cysts of about the size of hempseeds. The Fallopian tubes are bound down by adhesions.

Case of Elizabeth G., aged 61, who was under Mr. Key's care in 1830, and in whom the carotid artery was tied for aneurism. The patient died a few hours after the operation. See drawing of polypus, No. 387; and aneurism prep. 1488<sup>50</sup>, and drawing 42.

2. Misc. Insp. Book, p. 5; and Guy's H. Rep., Series II., vol. ii., p. 113.

2261<sup>20</sup>. Uterus and its appendages; the former considerably enlarged, and its cavity distended by a polypus as large as an egg, and covered by mucous membrane. There is also another small flattened tumor beneath. The ovaries are small.

Case of Ann M'C., aged 48, who died in 1833 of dropsy, resulting from hepatic and renal disease. There were also remains of hydatid cysts in the liver. See preps. 1945<sup>60</sup> and <sup>80</sup>.

12. Green Insp. Book, p. 45.

2261<sup>30</sup>. Uterus containing a polypus attached by a slender peduncle to the fundus, and which stretches out the interior and cervix into a globular shape. On the exterior is also seen a fibrous tumor attached by a narrow neck.

Mary Ann M., aged 33, admitted under Dr. Oldham for uterine hæmorrhage. The cause was found to be a polypus in the uterus. The os was dilated for the purpose of its removal, but while under treatment she was seized with acute peritonitis, and died. This was found, on post-mortem examination, to be due to the bursting of an abscess in the left Fallopian tube, and in which the ovary was involved.

Insp. 33; 1858.

2261<sup>40</sup>. Uterus and appendages, showing a polypus growing from the interior, with a long peduncle as large as a goose quill, and two heads the size of hazel nuts escaped from the os.

Case of Sarah R., aged 30, who died of phthisis in 1836.

Misc. Insp. Book, p. 69.

2261<sup>45</sup>. Polypus escaped from the neck of the uterus; it is of firm substance, but containing a considerable cavity.

2261<sup>47</sup>. A fibrous polypus partially investing the uterus. The opening of the Fallopian tube is clearly seen in the peduncle. The os is perfectly dilated to the size of the vagina.

2261<sup>50</sup>. A tumor removed as a polypus from the uterus, by means of a ligature; its texture is much looser than that of the ordinary fibrous tumor of the uterus.

Presented by Mr. E. C. May of Tottenham.

2261<sup>65</sup>. Pelvic viscera, intended to show retroversion of the uterus.

2261<sup>70</sup>. Uterus, broad ligaments, and bladder. The former appears slightly retroverted, and the glands within the os diseased. One Fallopian tube seems to have a second fimbriated extremity. The serous surface of the various parts shows signs of a previous inflammation. The ovaries are plump and slightly fissured. The bladder is thick, and its lining appears spongy and softened.



2261<sup>72</sup>. A uterus, showing dilatation of the body with a thinning of the walls. A quantity of albuminous matter had collected within it, and the os uteri internum was closed.

Dr. Oldham.

2261<sup>74</sup>. Tubercular disease of the uterus. The interior is filled with tuberculous matter; the cervix is unaffected.

Jane P., aged 24. She had general peritonitis of a chronic character for several weeks, commencing after labour, and with which it was thought to be connected; it was found, however, to be tubercular.

Insp. 192; 1861.

2261<sup>75</sup>. Uterus and appendages. The former is full of a soft cheesy matter, and the internal surface is irregular and granular, and devoid of its mucous membrane; the cervix unaffected. The Fallopian tubes were filled and surrounded by masses of tubercular deposit.

Case of Ann M., aged 26, who died under Dr. Babington's care, in 1847, of general tuberculosis—the thoracic and abdominal viscera being extensively involved in the disease.

New Vol. i., p. 242.

2261<sup>76</sup>. Uterus and appendages. The substance of uterus mottled with granular tuberculous matter and ulceration of surface. Also small ulcers in vagina.

Case of Ellen R., aged 25, who was under Dr. Barlow in 1847, and who died of phthisis and strumous abscess in abdomen, which had caused an opening between stomach and colon.

New Vol. i., p. 295.

2261<sup>77</sup>. Tubercular disease of the uterus. This organ is completely filled with tuberculous matter. The cervix is affected nearly as far as the os externum.

Emily N., aged 22, under Dr. Addison, who died of general tubercular disease. She also had diphtheritic inflammation of larynx and trachea. See prep. 1696<sup>10</sup>; drawing of uterus, 396<sup>10</sup>.

Insp. 222; 1857.

- 2261<sup>78</sup>. Double or bicornuate uterus, with a single cervix and os uteri; or may be described as a uterus in which the cavity towards the fundus divides into a duplex cavity, as in animals.

Case of Mary B., aged 17, who died of phthisis, under Dr. Back's care in 1837. Her figure was well developed. The cervix uteri in its form and markings quite perfect, but the body diverged into two well-marked cavities with dense parietes, and the tubes were well developed, and the ovaries large, plump, and smooth on their surface. The Graafian vesicles were numerous, vascular, and large; the vagina was wide and well formed.

See 11. Misc. Insp. Book, p. 101.

- 2261<sup>80</sup>. Double uterus and a single cervix. There is scarcely a trace of a dividing central cleft externally, but the uterus in its outline is like a simple organ, only more flattened, and altogether much larger than usual. The cervix is large and single; and commencing at the os internum is a solid septum dividing the body into two symmetrical cavities. The parietes of the womb are thick.

See Drawing 385.

Dr. Oldham, Guy's Hosp. Rep., New Series, vol. vi., p. 358.

From dissecting room, Mr. Hilton.

- 2261<sup>82</sup>. Double uterus with single cervix. The cervix is short but well formed, and two equal cylindrical good-sized cavities pass off abruptly to the right and left, forming a double uterus. The tubes are long, and the ovaries plump and well developed.

Dr. Oldham, Guy's Hosp. Rep., New Series, vol. vi., p. 359.

- 2261<sup>85</sup>. Double sexual organs. Vagina divided into two equal compartments by a septum of dense fibrous tissue which runs along the median line. In length and capacity well formed. Each vagina has an os uteri opening into it, which communicates with a separate cavity of the cervix and body of the uterus. The body of the uterus exter-

nally is single, and only a slight central depression exists as a mark of its internal quality. When the cavities of the uterus were opened, by dividing the posterior wall from each os uteri, there was a firm muscular septum which formed a complete partition between them. Within each cavity was a small polypus. The tubes and ovaries were matted together by adhesions. The latter were small, and, on being bisected, were found quite destitute of Graafian follicles.

Case of Charlotte T., aged 50, who died of influenza and pneumonia in November, 1847, under Dr. Addison's care. She had been married for twenty years, but had been sterile. There was no history of her menstruation.

See drawing 385<sup>20</sup>. New Vol. ii., p. 10.

- 2261<sup>90</sup>. Uterus and ovaries. The latter were enveloped in adhesions, and contained fibrous deposits. The former was covered by a yellow fibrinous adherent matter, and the mucous membrane appeared ulcerated.

Case of Ann C., aged 22, who died under Dr. Bright's care in 1837 with disease of the heart.

11. Misc. Insp. Book, p. 78.

2262. Recurrent fibroid tumor of uterus. The organ is seen to be everted, and nearly the whole of its inner surface covered with a growth which is softer than a polypus, but yet firm in character. Hanging at the side is a portion which was removed during life.

Elizabeth F., aged 56, under Dr. Oldham. She was a single woman, and had had hæmorrhage for many months, which was found to be due to a growth protruding from the uterus into the vagina. A ligature was placed around it, and a large part removed, as seen in the preparation. The discharge continued from the vagina, and subsequently symptoms of pyæmia came on. On post-mortem examination, on looking into the abdomen the fundus of the uterus had disappeared from view owing to its inversion, and it carried with it the ovaries and Fallopian tubes.

Insp. 92; 1857.

2262<sup>10</sup>. Uterus involved in a large growth of a semi-malignant character, and which appeared more allied to recurrent fibroid than cancer, or the simple fibrous tumor of uterus. It is firm below where it involves the uterus, but above it is softer and more like fibro-plastic tissue. At the back of the bottle is a piece of mesentery which was adjacent to the uterus, and had within it a tumor of similar character.

Elizabeth C., aged 49, under Dr. Oldham. She died suddenly from heart disease.

Insp. 229; 1861.

2263. Uterus and appendages, with the bladder and kidneys, showing malignant ulceration of the uterus, chiefly of the cervix. The uterus greatly dilated; the pelvis of the kidneys also dilated, and the glandular part of the kidneys partially absorbed. The dilatation of the ureters appeared to be owing to the inflammation around the uterus, which obstructed their passage, as well as uniting the Fallopian tubes closely to the ovaries. The neighbouring absorbent glands were soft and cancerous. The other organs were healthy. The patient died of exhaustion.

Case of M. A., aged 30, who died under Dr. Back's care in 1827.

2. Green Insp. Book, p. 37.

2263<sup>50</sup>. Carcinoma of os and cervix uteri, with much induration of the adjoining parts of the vagina. The lining of the bladder is partially coated with fibrin. The patient died of exhaustion.

Presented by Dr. Ashwell.

2264. Uterus and its appendages, showing carcinomatous ulceration of the os uteri and vagina; enlargement of the right ovary, and both of the Fallopian tubes bound down by adhesions, imperforate and dilated.

2264<sup>32</sup>. Uterus with the os destroyed by carcinomatous ulceration, which is destructively spreading to the vagina, bladder, and neighbouring parts.



2264<sup>30</sup>. Cancer of the uterus, involving the usual parts. The cervix is destroyed, and the disease extends as high as the body; below it has involved the vagina. The bladder and rectum were adherent, but not involved in the disease.

M. B., aged 56, under Dr. Addison in 1857.

Insp. 153; 1857.

2264<sup>43</sup>. Cancer of the cervix of the uterus, and especially the anterior wall of the vagina, which has extended forward into the bladder, so that a large perforation is seen in the posterior wall.

Ann W., aged 47, admitted under Mr. Birkett on account of urinary symptoms, when she was found to have cancer of the uterus.

Insp. 5; 1861.

2264<sup>50</sup>. Cancer of the body and fundus of the uterus. The organ is seen to form a hollow sac of cancer, its upper part being quite destroyed, and the whole of the internal surface covered with shaggy soft growths; the cervix and os had escaped. It is thus seen that those parts were affected which are not usually attacked, and *vice versâ*. On opening the body several coils of intestines were adherent to its upper part, and on removal of these the uterus was laid open to the abdomen.

Jane B., aged 45. She suffered from discharge, and was thought to have carcinoma uteri, but not detected by the hand.

Insp. 100; 1861.

2264<sup>55</sup>. Uterus showing a cancer growth commencing at the fundus.

From Ann B., aged 50, who died of cancer of various organs of the body. See prep., intestine and skin.

Insp. 101; 1861.

2264<sup>64</sup>. Uterus and its appendages; the os uteri partially destroyed by a carcinomatous growth which is attached to it. This is irregular on the surface, having somewhat of the cauliflower appearance. There are likewise numerous small cancerous tubercles which are softening, in the neighbourhood of the ovaries.

2264<sup>60</sup>. Carcinomatous excrescence from the cervix and lower part of the fundus of the uterus. It is about the size of a walnut, broad based, and growing from the posterior wall. It had distended, but had not escaped from the cervix.

2265<sup>20</sup>. Uterus with extensive carcinomatous disease of the cervix, which is also sloughing.

Presented by Dr. Stroud.

2265<sup>25</sup>. Carcinomatous disease of cervix uteri. It appears to have recently attacked the lower end of the neck, and become sloughy. The muscular structure and mucous membrane of body of uterus large, soft, and lacerable. The vagina is ulcerated. The specimen was taken from a patient with heart disease.

2265<sup>40</sup>. Carcinomatous destruction of os uteri and upper part of vagina.

Patient of Dr. Ashwell's.

2265<sup>60</sup>. Carcinomatous disease of os uteri and upper part of vagina, whereby this canal communicates with the rectum.

2265<sup>80</sup>. Uterus and its appendages. The cervix is destroyed by carcinomatous ulceration, which has extended to the vagina. There are considerable peritoneal adhesions about the fundus of the uterus and Fallopian tubes, one of which is much dilated. There is coagulum in the pelvic veins, near the uterus.

Presented by Dr. Stroud.

1. Note-Book, p. 199.

2266. Uterus, showing extensive carcinomatous destruction of the os and cervix, and a perforation of the bladder from the vagina. There are numerous old peritoneal adhesions binding down the Fallopian tubes. The patient died from exhaustion. There was no cancer in any other part of the body.

Case of Rebecca C., aged 30, under Dr. Bright's care in 1828.

5. Green Insp. Book, p. 92.

2266<sup>5</sup>. Carcinomatous growth removed during life from the lips of the uterus.

Mary M., aged 52, under Dr. Oldham in November, 1856. She had been married, and had children. For eight months she had suffered from pains in the loins, and a purulent bloody discharge. A carcinomatous growth was found on the upper lip, and this was removed. The parts healed, and she was able to walk about. In a few weeks the disease returned on the upper lip, and when the patient was last seen, three months afterwards, it had extended to the vagina.

Drawing 387<sup>10</sup>.

2266<sup>9</sup>. Carcinomatous growth, resembling a cauliflower excrescence removed during life from the posterior lip of the uterus. When recent it appeared lobulated, and had small veins ramifying on its surface.

E. B., aged 47, admitted under Dr. Hicks in May, 1860. For five months she had had a watery and sanguineous discharge, when a growth was found attached to the posterior lip. It was removed by the *écraseur*. The cervix healed up in a fortnight. The base of the growth, after removal, appeared to contain only normal uterine tissue, and at the end of six months there was no return at the part, but some enlarged iliac glands could be felt which pressed on the vein, producing œdema of leg. It was thought that she could not have lived long after this time.

See Guy's Hospital Report, Series III., vol. vii., p. 244.

2266<sup>10</sup>. Carcinoma of the cervix uteri, together with great dilatation of the Fallopian tubes, caused by the extremities being closed by adhesions; the fluid within was of a thin serous character. The cancer of the uterus is seen also to have penetrated the bladder.

Mary M., aged 45, under Dr. Rees. No other disease in the body.

Insp. 167; 1859.

2266<sup>12</sup>. Uterus and its appendages, showing the os and greater part of the cervix, the upper part of the vagina and the posterior part of the bladder destroyed by carcinomatous ulceration.

See drawing 396.

2266<sup>18</sup>. Uterus and bladder from a patient who died of carcinoma of the cervix and vagina. These are destroyed by the disease, and a large opening is thus formed in the bladder. The substance of the uterus appears somewhat enlarged.

Case of Ann B., aged 44, who was under Mr. Cooper's care in 1831. Widow, and two children. She had suffered from severe uterine symptoms for six months. After death the lumbar glands and liver were found affected with cancer, and the lung considered to be tuberculous. See prep. of lumbar glands 1558<sup>40</sup>, of the lung 1743<sup>70</sup>, and liver 1920<sup>60</sup>.

10. Green Insp. Book, p. 93.

2266<sup>24</sup>. Uterus and appendages, with the bladder and part of the rectum. The cervix is destroyed by carcinomatous ulceration, which appears to have extended throughout the vagina. The ovaries are considerably enlarged. There are numerous small cancerous tubercles beneath the peritoneum, and a considerable mass of them at the sides of the pelvis and between the vagina and rectum. There is a little commencement of cancerous tubercle beneath the mucous membrane of the bladder.

2266<sup>30</sup>. Carcinomatous ulceration of the os uteri and vagina, with an opening into the bladder. The uterus is enlarged. The Fallopian tubes are bound down by adhesions.

Case of Susannah C., aged 45, who was under Dr. Back's care in 1828. She was a married woman, and the mother of six children. She had been ill for several months, and suffered from severe uterine symptoms for nine months. She died from exhaustion. There were a few cancerous tubercles found in the neighbourhood of the pelvic organs, but all the other viscera were healthy.

5. Green Insp. Book; p. 83.

2266<sup>36</sup>. Uterus and its appendages, the former somewhat enlarged, and containing a simple serous cyst, about the size of a cob-nut, imbedded in its substance not far from the termination of one of the Fallopian tubes. There is also another cyst of the same description of about the size of a pea. The Fallopian tubes are bound down on the ovaries, in both of which some of the Graafian vesicles are distended by grumous blood.



2266<sup>42</sup>. Uterus and its appendages, with a mass of cancerous disease and a portion of intestine glued together by peritoneal adhesions. The substance of the uterus is also in some degree infiltrated with carcinoma.

Case of S. L., aged 55, a private patient of Dr. Hodgkin in 1831. She had suffered about a year with this carcinomatous disease in the pelvis. The liver, gall-bladder, and abdominal glands were also found affected.

Prep. omentum, 2469<sup>84</sup>, and gallstones, 1973<sup>25</sup>, and drawing of malignant tubercle, 459.

10. Green Insp. Book, p. 116.

2266<sup>45</sup>. Uterus, containing a large and soft polypus. This was described when recent as encephaloid, but it appears to be rather fibro-plastic, or resembling the recurrent fibroid growths. There is also a fibrous tumor in the substance of the uterus.

2266<sup>48</sup>. Section of a uterus and neighbouring parts almost entirely imbedded in carcinomatous tumors. The uterus is much enlarged, its structure being infiltrated or degenerated from the same disease. There were some small ulcers on the mucous membrane of the uterus and vagina. The rectum is implicated in the disease, which affected the abdomen generally; the liver, spleen, and all the other contents being matted together in one mass of cancer.

Case of Ann B., aged 35, who was under Dr. Addison's care in 1829.

See prep. of liver, 1928<sup>32</sup>; of spleen, 2011<sup>50</sup>; and other section of uterus, 2266<sup>54</sup>, with drawing of same, No. 397.

2266<sup>54</sup>. Section of uterus—counterpart of preceding.

2266<sup>60</sup>. Uterus and appendages. The uterus is enlarged, and its cavity considerably distended. Nearly or quite the whole of the internal surface exhibits a sloughy ulceration, apparently of a carcinomatous character.

Presented by Dr. Bright in 1834.

- 2266<sup>63</sup>. Carcinomatous ulceration of os uteri and vagina. The Fallopian tubes and ovaries were also said to contain cancerous tubercles.

Case of Ann S., aged 57, an inmate of Lambeth Workhouse, December, 1835. She had been ill ten months, and was said to have suffered frightfully.

Cat. Mr. Bryant's Museum, No. 82, p. 37.

- 2266<sup>78</sup>. Polypus growing from the interior of the uterus by a broad base. The cervix is dilated, and the os has become obliterated. The polypus is about the size of a hen's egg, and hangs out in the vagina, which is stretched to receive it. The neck is short, and grows from the posterior surface of the fundus. Its structure soft and vascular.

Case of Hannah T., aged 49, who died, under Dr. Ashwell's care, of albuminaria and dropsy in 1836.

9. Misc. Insp. Book, p. 150.

- 2266<sup>80</sup>. Section of an enormous polypus, developed within the uterus during pregnancy. It was easily removed a few days after delivery.

Dr. Oldham, Guy's Hosp. Rep.

- 2266<sup>82</sup>. A portion of a large polypus which had been strangulated, by being passed beyond the vulva, and was removed by excision.

Dr. Oldham; March, 1856.

- 2266<sup>84</sup>. Section of a uterus, injected, containing a large fibrous tumor, which has been developed in its walls, pressing into and elongating the cavity.

Presented by Mr. E. Pye-Smith.

- 2266<sup>85</sup>. Polypus, together with uterus and vagina. The former, which is seen below, was removed during life; but the patient dying soon afterwards the uterus was found, as

seen above, with its lower part destroyed, and wholly detached from the vagina below. The vein is the brachio-cephalic into which transfusion was made.

Jane S., aged 49. She had suffered from uterine hæmorrhage for seven years, which was found to be due to a polypus. A ligature was said to have been placed around it and then excised above. Shortly afterwards, the patient being much exhausted, transfusion was performed; death, however, rapidly took place. The post-mortem examination showed inflammation of the bladder, and a coil of intestines matted together occupying the pelvis. On their removal the fundus and body of the uterus was found quite loose, and being laid hold of was removed at once from the body, leaving the vagina quite open to the external parts. It thus seemed as if the cervix had been removed by the ligature and sloughing.

Insp. 113; 1857.

2266<sup>90</sup>. Uterus greatly enlarged by an enormous fibrous tumor developed beneath the mucous membrane. The cavity of the uterus, as well as the substance of the organ, is greatly distended. It measured, when first removed,  $15\frac{3}{4}$  inches from the os to the fundus; 26 inches in circumference, and weighed  $18\frac{1}{2}$  pounds.

It was taken from a lady, 62 years of age, who had been ill nearly thirty years.

Presented by Mr. E. Tipple of Mitcham.

1. Note Book, p. 131.

2267. Section of a uterus enlarged almost to the size which the organ attains at the full period of pregnancy, by fibrous tumors developed in its substance; the form of the uterus itself being not much disturbed. In some parts of one of the tumors ossification has taken place. The ovaries are also enlarged.

2268<sup>25</sup>. Uterus and its appendages, showing a large fibrous tumor with considerable softened cavities. The walls of the uterus also contain two fibrous tumors.

Case of Mary M., aged 34, married twelve years, and never pregnant until the time when came under notice. She was then in the sixth month of gestation, and had a large hard tumor on the right side of the abdomen, which had existed for many months, but had latterly grown very rapidly. At this time she was seized with labour pains, was delivered of twins, and rapidly sank into a state of collapse and died.

See Guy's Hosp. Rep., vol. i., p. 311. Dr. Ashwell.

Drawing 389<sup>10</sup>.

2268<sup>50</sup>. Uterus, showing fibrous tumors of various sizes, and in various stages of progression, from the first formation to the softening down and final death of texture. There is a small polypus situated at the cervix of the uterus.

Presented by Dr. Ashwell.

2268<sup>75</sup>. Uterus containing two large fibrous tumors imbedded in its walls, and breaking down. It contains also two or three small fibrous tumors. The uterus is soft as after delivery.

Case of a lady, aged 44, who had been married fourteen years, and eight years before she sought advice of Dr. Ashwell became the mother of a child. The catamenia had been regular since. Four months before seen by Dr. A., had uterine hæmorrhage, and then a tumor formed in the right groin. In two months time another tumor was felt in the left groin. She was then thought to be pregnant, and after two months more she was delivered; but the placenta was lying over the os, and much hæmorrhage came on, which proved fatal.

11. Green Insp. Book, p. 143.

Guy's Hosp. Rep., vol. i., p. 316. Drawing 390<sup>10</sup>.

2268<sup>86</sup>. Section of a fibrous tumor near the surface of the uterus. Injected.

Drawing 387<sup>90, 91</sup>.

2270. Uterus greatly enlarged with numerous large irregular fibrous tumors imbedded in its substance, and projecting from its surface. Injected.



2271. Uterus greatly enlarged by fibrous tumors developed in its substance. Some of these tumors appear to be in a state of softening. One is making its way as a polypus at the greatly dilated os uteri. Some subperitoneal cysts are also to be seen about the uterus.

2271<sup>90</sup>. A large fibrous tumor polypus distending the uterus. This tumor led to considerable hæmorrhage; it projected through the os uteri, and the extremity of it was ligatured. The hæmorrhage ceased, but the patient eventually sank.

Drawing 387<sup>94</sup>.

2273. Uterus much enlarged by fibrous tumors developed in its substance. Some of these tumors are in a state of softening. One is projecting through the os uteri, and another towards the commencement of one of the Fallopian tubes.

2273<sup>32</sup>. Section of uterus greatly enlarged by fibrous tumors developed in its parietes. The substance of the uterus is the subject of hypertrophy, as well as of distension.

2273<sup>64</sup>. Uterus with a large cyst, to which it is adherent. The walls of the uterus are so involved in the cyst that it was thought it had been formed in the organ itself; but it is probably adventitious or ovarian, which has become adherent, and afterwards incorporated with the uterus.

2274. An old preparation, supposed to have been a uterus enlarged by scirrhus disease; but the small body at the side of the tumor now cut open is seen to be the uterus, and the large mass of disease a fibrous tumor, which has become cretified.

2275. Uterus with numerous well-defined fibrous tumors developed in its substance, and forming nodulous projections on its external surface.

Case of Mary G., of advanced age, who died under Dr. Bright's care in 1826. The left mamma had been removed by Mr. Key a year

previously for cancer. The cicatrix at time of death was knotty and indurated, but no cancer was found in any part of the body.

Red Insp. Book, p. 168.

- 2275<sup>20</sup>. Uterus and its appendages. There are numerous fibrous tumors, varying in size from that of a pea to that of a cob nut, and forming nodulous projections about the fundus. A small serous cyst exists in the broad ligament near the right Fallopian tube, and old peritoneal adhesions about the left.

Hannah W., aged 40, who died of chest disease in 1830.

Presented by Mr. Kemp.

1. Note-Book, p. 171.

- 2275<sup>40</sup>. Fibrous tumors of large size growing from the uterus. Some of them contain bony deposit.

Case of M. C., a patient of Mr. Morgan, who died in 1831 of cancerous disease in various parts of the body. See breast; prep. 2302<sup>80</sup>, drawing 407; brain 1585<sup>75</sup>; dura mater 1604<sup>50</sup>; and kidney 2056<sup>60</sup>.

10. Green Insp. Book, p. 106.

- 2275<sup>60</sup>. Uterus and its appendages. A fibrous tumor occupies the fundus, and a similar softer tumor near the os is superficially affected with softening and disorganization, as are all the adjacent mucous surfaces.

- 2275<sup>80</sup>. Uterus containing two fibrous tumors, each about the size of an orange. Near the right Fallopian tube one of them is seen carrying the mucous membrane before it, filling and distending the cavity of the uterus. The other tumor projects laterally outwards, and has softened down into a cyst in its centre. The ovaries contain small cysts.

From a private patient of Dr. Ashwell's, 44 years of age, in the year 1837. She was married, and had several children. Five years before she was seized with severe hæmorrhage. This continued at intervals during the following years, when in 1837 the attacks were more frequent. A large hæmorrhage at last proved fatal. There was no other disease in the body.

See Guy's Hosp. Rep., vol. iii. p. 143, and plate.

2275<sup>90</sup>. Fibrous polypus removed by ligature.

Case of E. Rennie, aged 33, a patient of Dr. Lever's in 1846, a married woman with a family. Four years before she suffered from a purulent vaginal discharge. This became sometimes watery, and continued more or less until one year and eight months previously, when it became tinged with blood. She soon afterwards found that a tumor had descended between the labia. So she continued; the tumor constantly discharging a sanguinolent fluid, and reducing the patient's powers to the lowest ebb. She became anæmic, excessively feeble, respiration quick, and legs œdematous. When admitted, the tumor was of a livid red colour, its surface was highly vascular and ulcerated, and of the size of a foetal head at birth. The anterior lip of the uterus was felt tightly girt over the front part of its neck. The polypus was tied just within the os, by means of Gooch's canula. In eight days the tumor separated, and it weighed 2 pounds 10 ounces. Its structure was strictly fibrous, and contained numerous large bloodvessels. She left the hospital quite well, and in a few months became pregnant, but aborted at the eighth week, from some violent exertion.

Guy's Hosp. Rep., N. S., vol. iv., p. 203; and drawing 387<sup>92</sup>.

2275<sup>91</sup>. The corresponding section of the preceding polypus.

2275<sup>92</sup>. Uterine polypus.

2275<sup>93</sup>. A polypus, removed by Dr. Oldham from a patient in the hospital. The open mouths of the veins may be seen on its surface, especially near its stalk.

Dr. Oldham.

2275<sup>94</sup>. Uterine polypus.

Dr. Oldham.

2275<sup>97</sup>. Polypus, removed from the uterus partly by ligature and partly by excision.

Dr. Lever.

2275<sup>98</sup>. Uterine polypus.

Dr. Lever.

2275<sup>99</sup>. Polypus, removed from the os uteri.

Dr. Lever.

2276. Uterus, with a well-defined fibrous tumor of the size of an egg developed in its substance. There is also some appearance of a small polypus attached to its fundus internally.

2276<sup>10</sup>. Polypus, removed by Dr. Oldham.

Ann P., aged 50 ; had seven children, the youngest ten years. For six years had watery vaginal discharge, and at times blood. Of late very considerable hæmorrhage, producing much anæmia. She had also retention of urine, &c. The polypus was removed with entire relief.

Oct. 14, 1861.

2276<sup>20</sup>. Uterus containing a portion of a large polypus growing from the anterior wall of the cervix. The os is quite obliterated, and cervix and vagina thus thrown into one channel; the polypus reaching to the vulva. The detached portion was removed about two weeks before her death.

Alice H., aged 42, under Dr. Oldham. She died of phlebitis and heart disease.

Insp. 188 ; 1862.

2277. Uterus, with fibrous tumors developed in its substance, and slight appearance of polypus on the internal surface. The Fallopian tubes adherent, obliterated at the extremities, and dilated in their course. There are cysts in the neighbourhood of the left ovary, in one of which suppuration appears to have taken place.

2277<sup>50</sup>. Uterus, with small fibrous tumors in its substance.

2278. Uterus, with small fibrous tumors in its substance.

2278<sup>20</sup>. Uterus, with small fibrous tumors developed in the substance, and a small polypus in the interior.



2278<sup>50</sup>. Uterus, with a fibrous tumor, the size of a turkey's egg, attached to the surface by a slender peduncle, so that it moved readily about in the pelvis, and in the lower part of abdomen. On the surface are several other smaller ones, also loosely attached, and two of them pedunculated.

Elizabeth E., aged 46, under Dr. Addison for bronchitis.

Insp. 35; 1855.

2278<sup>40</sup>. Uterus, with a defined fibrous tumor in its substance. Some appearance of commencement of polypus near the fundus.

Case of Sarah G., aged 45, who was under Mr. Cooper's care for cancer of the breast in 1827. She died of cancer of various internal organs.

See prep. of breast, 2317, and cast, 260 and 282; prep. of liver, 1922, and cast; and prep. of lung, 1780.

3. Green Insp. Book, p. 15.

2278<sup>50</sup>. Uterus, with a small fibrous tumor developed near the fundus in the posterior wall. The inferior part of the body of the uterus is considerably thinned, giving it the appearance of an elongated cervix, but the cervix is really not lengthened. During life the os and cervix passed beyond the vulva.

The patient was a married woman between 40 and 50 years of age.

2278<sup>60</sup>. Uterus affected with fibrous tumors. A calculus in the ureter. Wasted ovaries, and some peduncular bodies about them.

2278<sup>70</sup>. Fibrous tumor of uterus.

Mrs. M'L., aged 52, who died in Lambeth workhouse of cancer of the breast.

Cat. Mr. Bryant's museum, No. 64, p. 29.

2278<sup>75</sup>. Fibrous tumors in different parts of uterus. One is seen bisected bulging into the cavity of the uterus, which is elongated and irregularly enlarged. There is a lacerated pedicle of a polypus in the cervix, from which the polypus had been removed by torsion by Dr. Oldham in 1846. Fatal peritonitis ensued a week after the operation.

See drawing 387<sup>93</sup>.

2278<sup>80</sup>. Section of a uterus, enlarged by numerous fibrous tumors developed in its substance, and rendering its external surface very nodulous.

Case of Elizabeth B., aged 56, under Dr. Bright in 1832, for disease of the liver and ascites. She had been several times tapped. The liver was said to contain cancer, also hydatid cysts and a calculus in the gall bladder.

See prep. 1922<sup>12</sup>, and prep. of false membrane on peritoneum, 2440<sup>80</sup>.

11. Green Insp. Book, p. 129.

2279. Uterus somewhat enlarged, with its cavity dilated, and a fibrous tumor in its substance projecting internally.

2280. Uterus enlarged, with fibrous tumors developed in its substance, one or two of which raising and distending the mucous membrane form a tumor in the cavity of the organ. It thus seems as if it would have been spontaneously enucleated.

Case of Elizabeth I., aged 55, who died under Mr. Key's care in 1827 of cancer of the tongue.

3. Green Insp. Book, p. 35.

2280<sup>6</sup>. Fibrous tumor of the uterus undergoing cretification.

2280<sup>7</sup>. Dried section of the same.

2280<sup>8</sup>. Two sections of uterine fibrous tumors becoming cretaceous.

Presented by Mr. Wagstaffe.

2280<sup>9</sup>. Dried section of preceding tumor.

2280<sup>12</sup>. Dried sections of uterine tumors becoming cretaceous.

2280<sup>15</sup>. Dried sections of cretaceous uterine tumor.

2280<sup>25</sup>. A rounded mass of bony matter of about the size of one's fist, found within the pelvis of a skeleton in the churchyard of Rotherfield in Sussex. From the indication of structure which it retains, it seems probable that it is the remains of a hard fibrous uterine tumor in which cretification had taken place.

1. Note Book, p. 97.

Presented by B. Cooper, Esq.

2280<sup>32</sup>. A large bony mass, probably a petrified fibrous tumor of the uterus. Although called bony, no true osseous structure can be discovered by the microscope.

Presented by B. Cooper, Esq.

2280<sup>35</sup>. Section of a large uterine tumor undergoing cretification.

2280<sup>40</sup>. Polypus inclosed within the cavity of body of uterus. Also a small fibrous tumor exists in the walls.

From a woman, 30 to 40 years of age, who died of hæmorrhage.

2280<sup>50</sup>. A polypus attached by a peduncle to the union of the vagina with the uterus. Removed from a patient in the hospital by incision, followed by dangerous hæmorrhage. A large vessel was seen entering the growth.

2280<sup>55</sup>. Polypus spontaneously expelled from the uterus.

Woman, aged 50; married, with family. Hæmorrhage for eighteen months. In April, 1861, after a very profuse discharge followed by escape of the growth.

Mr. Bryant.

2280<sup>75</sup>. Polypus with a lengthened neck, removed from the vagina of a patient in the hospital. This was injected with mercury by Dr. Ashwell, to show the large size of the vessel running through it. One large vessel which entered the peduncle was the size of a crow quill; after running about an inch in a straight course, it broke up into smaller branches.

See Guy's Hosp. Rep. vol. ii., p. 241.

2280<sup>90</sup>. Polypus from the uterus, removed by ligature.

Presented by Dr. Lever.

2281<sup>16</sup>. Polypus from the uterus of the fibrous tumor kind.

2281<sup>40</sup>. Hard foreign substance removed by forceps from the os uteri of a patient supposed to be guilty of masturbation.

Presented by Dr. Lever.



## VAGINA.

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2281<sup>50</sup>. Adhesion between the walls of the vagina, causing retention of the menses and dilatation of the uterus. The structure is seen to be situated about an inch below the os. Above this part the vagina appears thin and distended, forming a continuous line with the dilated os, the circumference of which is about four inches. The cervix becomes rapidly thicker, and for upwards of three inches towards the fundus the parietes are fully double their normal size. The upper half of the body of the uterus is somewhat more bulky than natural, and its cavity slightly increased. The chief dilatation is formed by the cervix, and this is so expanded that it would hold a goose's egg. The rugæ of the cervix are greatly diminished.

Elizabeth R., aged 22, under Dr. Ashwell's care in 1836. At the age of 15 she was in the hospital for amenorrhœa, and much constitutional distress accompanying. Upon examination it was found that the parietes of the vagina were closely adherent, about two inches from the vulva. Mr. Key divided the septum, and a large quantity of dark-coloured viscid fluid was evacuated. The opening was dilated with bougies, and she shortly left the hospital, feeling well. There was but one scanty appearance of the catamenia after this period; but her health was not materially deranged until six weeks of the time when last admitted. It was then found that the divided surfaces had again firmly united, but that the catamenial fluid was accumulated in small quantity only. The uterus was not to be felt above the pubes. After two months, however, a tumor could be distinctly felt by the vagina. An incision was made, and the retained catamenia evacuated. In twelve hours after the operation symptoms of peritonitis came on, and she quickly died. On post-mortem examination, acute peritonitis and pleurisy were found to have occurred.

See also drawing No. 394; and Guy's Hosp. Rep., vol. ii., p. 244.

2281<sup>55</sup>. Mucus from the vagina.

2281<sup>73</sup>. Uterus and vagina; the latter is enlarged and hypertrophic, and its lining presents some very remarkable pouches.

Opposite to the orifice of the urethra is a wide-mouthed follicle about the size of a pea; a second adjoining, nearly as large as a bean; a third the form of an almond, but larger, stretched longitudinally near the mesian line, having a narrow opening just within the external os. The lining of these pouches is rugous, like the vagina. The uterus contains a small polypus, and the broad ligament is enveloped in adhesion.

Case of Cecilia P., aged 33, under Dr. Bright's care in 1837, for chest disease.

12. Misc. Insp. Book, p. 104.

2281<sup>80</sup>. Cyst removed from the walls of the vagina.

A woman, aged 28, under Mr. Birkett in 1853. She had felt a lump in the labium for some weeks, and the contents had once been evacuated. It was then removed whole, and found to contain mucus lined with epithelium.

2281<sup>82</sup>. Cyst removed from the vagina.

A woman, aged 32, under Mr. Birkett in 1859 for a tumor in the labium. It was excised, and found to contain three or four drams of yellow, tenacious, ropy mucus; the lining smooth, like the mucous membranes.

Drawing 397<sup>80</sup>.

2281<sup>85</sup>. Fibrous tumor removed from the walls of the vagina.

December, 1858.

2281<sup>90</sup>. Procidentia of the uterus and vagina; the latter much ulcerated. A peritoneal protrusion behind the uterus.

Removed from the body of a woman of middle age in October, 1840, by Dr. Bull. That gentleman had delivered her of a child one year and a half before, by perforating the head. Previous to this she had had a family. After her confinement her abdomen began to increase in size, and the uterus became completely procident between the thighs, and the everted vagina ulcerated in several places. To the left of the uterus was a hard tumor; this increasing in size was punctured, and seven quarts of serum were evacuated. The fluid, however, collected again, and she gradually died. On examination after death several pints of serum were found in the abdomen; the uterus enlarged; one ovary cystic, and one large cyst was partly procident with the uterus. It was this which probably had been tapped.

2. Note-Book, p. 57.

2281<sup>95</sup>. Body of an inverted uterus, removed by ligature by Dr. Oldham.

2281<sup>97</sup>. A netting mesh removed from the vagina.

E. P., aged 34, admitted into the hospital, December, 1847. Several months before, while applying some ointment to the vagina by means of a bone netting mesh, she was disturbed, and suddenly sat down. She experienced great pain, and some blood escaped. The needle was forced out of sight, and, by her endeavours to remove it, at last was unable to be felt. She then found she could not bend her body. Ever since she had great pain on right side of pelvis and thigh, often very acute, and worse on movement. She then took to her bed for some months, and was always under the influence of opium. She was examined for the foreign body, but it could not be detected in the uterus. On admission, she was much exhausted and emaciated from the pains she had endured (this being principally down the thigh in the course of the sciatic nerve) and the right leg wasted. On examination a hard body could be felt beneath the walls of the vagina, directed upwards and downwards towards the sacro-iliac joint and tuberosity of ischium. This was cut down upon by Mr. Hilton, but he was unable to remove it; he therefore divided it, and brought out each part of the needle separately. The patient made a good recovery.

See drawing 397.

2281<sup>98</sup>. Needle case removed from the bladder by Mr. Steel of Lewisham.

The patient was a girl aged 26, and had suffered for some years from occasional irritability of the bladder, frequent desire of micturition, and inability of passing water. Mr. Steel, having refused for some time to pass a catheter, the patient passed a needle case into the urethra, to which she had fastened a thread. The case, however, together with the thread, immediately glided out of her hand into the bladder. Nothing was done for a week; a dilator was then used for three days, and the case removed by the forceps. It was in the bladder eleven days.

Drawing 369<sup>55</sup>; and Guy's Hosp. Rep., Series II., vol. viii.

2282. Uterus, vagina, and rectum, showing an abscess into the vagina and peritoneum.

Case of Elizabeth T., aged 28, in Guy's hospital in 1804. About two months before her death she stated that she was seized with lancinating pains in the lower part of the pelvis; that these symptoms were

followed by rigors, heat, and general fever, followed by a bloody purulent discharge from the vagina, and the stools also mixed with blood and pus. She thus continued until she died. After death abscess was found between the rectum and vagina, and openings had occurred between the vagina and perineum.

Old Museum Book, No. 1.

- 2282<sup>10</sup>. An egg-shaped wooden pessary in the vagina, which had not been removed for two years, and caused a fetid discharge.
- 2282<sup>32</sup>. Uterus, with the vagina and part of the rectum. The posterior part of the vagina appears to have been dilated into a pouch. The rectum is extensively ulcerated.
- 2282<sup>64</sup>. Uterus, vagina, and rectum. Towards the lower and posterior part of the vagina there is some appearance of ulceration, which corresponds with the deepest ulceration of the rectum, which is considerably diseased. The intervening cellular membrane appears to be thickened. There is a fibrous tubercle in the uterus of small size.
2283. Uterus and its appendages, with the bladder, vagina, and rectum, showing an ulcerated opening between the two latter, and a cyst of considerable size in each Fallopian tube.
- 2284<sup>32</sup>. Extensive abscess between the bladder and rectum, but not communicating with either; becoming more capacious, it takes a circuitous course upwards among the viscera, which are matted together by strong adhesions. The remains of an inclosing cyst of adventitious matter, appear to indicate that the abscess had remained long completely circumscribed. The parts concerned are covered with much adventitious deposit, and the neighbouring areolar tissue much thickened and consolidated.

From a patient of Mr. Morgan in Patience Ward.



2284<sup>40</sup>. Vesico-vaginal fistula. At the posterior wall of the bladder, about its middle, an opening is seen, through which the top of the little finger can just pass. This enters the vagina at its upper part, close to the os uteri. The opening on this side was slightly jagged, and larger from side to side than from above to below.

Emma A., aged 28, under Dr. Oldham. She died from chloroform when about to be operated upon. See liver.

Insp. 80; 1862.

## EXTERNAL PARTS.

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- 2284<sup>50</sup>. Section of an hypertrophied labium pudendum.
- 2284<sup>64</sup>. The external genital organs and parts adjacent, showing extensive sphacelus. From a patient in Patience ward.
2285. Large warty tumor from clitoris and nymphæ.  
Removed by Mr. Morgan.
2286. Enlarged warty nymphæ.  
Removed by Mr. Cooper.
2287. Enlarged warty nymphæ.
2288. Enlarged warty nymphæ.  
Old Museum No. 33.
- 2288<sup>25</sup>. Warty enlargement of labia pudendi, removed by Mr. Birkett from a married woman. The patient recovered, and returned home with the parts in a natural condition.
2289. Warty growth from nympha. A section made to show its dense fibrous structure.
- 2289<sup>16</sup>. A warty tumor of a large size, removed from one of the labia of a young woman, 18 years of age, by B. Cooper, Esq. Its external surface is very irregular. Internally there are seen a number of compound cysts filled by fluid of a mucous character. The tumor was largely supplied with blood by large arteries which threatened copious hæmorrhage during the operation. A small portion of the adventitious structure could not be removed, but a part subsc-

quently sloughed away, and the patient left the hospital apparently cured. After a lapse of some months the tumor was returning.

See drawings 399, 400, and 401.

2289<sup>53</sup>. Nymphæ and clitoris affected with cancer.

Removed by J. Morgan, Esq., in 1829.

2289<sup>48</sup>. Carcinomatous warts from the nymphæ of an old woman.

Removed by Mr. Morgan.

2289<sup>64</sup>. Clitoris and neighbouring parts affected with warty growths of a malignant character, from a patient of Mr. Morgan about 40 years of age. The disease afterwards returned.

See drawing No. 398.

2289<sup>70</sup>. Warty growth removed from around the os externum.

Ann F., aged 68, under Mr. Morgan's care in 1832. Two years before, she observed an excrescence about the size of a small wart on the external genitals, which increased rapidly in size, and a year since was removed by ligature by a surgeon at Richmond. After which it again rapidly grew.

18. Misc. Insp. Book, p. 238.

2289<sup>60</sup>. The external parts of generation from a female affected with condylomatous growths. There was a copious unhealthy secretion from these passages. The cuticle has macerated away; the substance consists of a loose but tough areolar tissue. The number of large vessels which have received injection is very considerable. The patient was imbecile, and aged 26.

6. Misc. Insp. Book, p. 106.

2290. Tumor removed by Mr. Key from the labium pudendi, and regarded as cancerous.

## M A M M A.

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- 2290<sup>80</sup>. Mamma infiltrated with carcinoma, and deposit of cancer in lymphatics running over posterior surface of the pectoral muscle.

Removed post-mortem by Mr. Birkett, from an old woman who had carcinoma of the breast of the same side for several years.

- 2290<sup>40</sup>. Chronic abscess.

Removed by Mr. Birkett from a female subject in the dissecting-room.

- 2290<sup>50</sup>. Breast, removed from a middle-aged patient for a tumor containing cheesy matter, occasioned by obstruction of a lactiferous tube. A thin, translucent membranous expansion exhibits the boundary of the cyst, but all the contents have been removed. The tubes of the gland generally appear dilated, and pieces of glass-rod are placed therein. There is no duct at present traceable to the cyst.

- 2290<sup>55</sup>. Disease of the lactiferous ducts. A bristle is passed through the nipple into the duct, which is cut open in its vertical axis to exhibit the solid matter within. The duct is dilated, and contained, in addition to this matter, colostrum and milk globules and fat. The tributary ducts were not dilated, though they contained ramifications from the solid mass. The tendency to morbid action in the ducts is plainly exemplified in this case by the numerous small cysts at the posterior surface of the organ, as well as in its interior. The inner surface of the duct was covered



by its proper epithelium, and the solid mass was composed of fat globules, epithelial scales of various kinds, and spindle-shaped bodies.

The specimen was taken from G. B., a single woman, aged 34, in delicate health. In 1846 Mr. Key removed a small painful tumor from right breast. At this time a tumor existed in the left with a sanious discharge from the nipple, although there never was any from the right. About a year and a half afterwards it had become very painful and tender, and formed a hard movable tumor in the left breast. The tumor and part of the left gland were removed by Mr. Key, and being dissected by Mr. Birkett forms the present specimen. In January, 1850, Mr. Cock removed the right, which showed a similar morbid condition.

2290<sup>60</sup>. Disease of the lactiferous ducts. The breast was removed by M. Gosset, Esq., and dissected by Mr. Birkett. Before removal fluid could be expressed from the nipple.

2290<sup>63</sup>. This preparation exhibits a mammary gland, removed by Mr. B. Cooper. The integuments have been dissected off to show a number of cyst-like formations upon one of the lactiferous tubes. The nipple was probably malformed, being deeply inverted, and the apertures of the ducts were closed. Several of the ducts are simply dilated, others are shown presenting enlargements, and within these are vascular growths. Apparently the tumor was composed of a congeries of cysts, unconnected and isolated, but with care a bristle was passed from one cyst-like body to another through the convoluted tube. Below and behind the gland is another cavity. Thus the specimen presents a series of enlargements all communicating by small openings, and all presenting the same structure as lactiferous ducts. The growth in the interior consists of an immense quantity of epithelium scales, some nucleated bodies and colostrum corpuscles. It in no way resembles cysto-sarcoma. The solid contents of the ducts may be easily withdrawn from them. Besides the distension of the duct it has undergone a process of convolution, and become, as it were, varicose.

See drawing 410, and engraving in Guy's Hosp. Rep. for 1849.

2290<sup>65</sup>. Exhibits a section of a tumor removed from the breast. It is composed of a fibrous stroma, uniting together innumerable small cells. Many of the cells contain a fatty matter, perfectly detached from the cell wall. The ducts connecting them have become obliterated.

See drawing 401<sup>70</sup>, and engraving in Guy's Hosp. Rep. for 1849.

2290<sup>70</sup>. Disease depending upon a peculiar condition of the ducts. The tumor has been cleaned of the surrounding fat and cellular tissue, leaving a small portion of skin and part of the gland. In the latter a divided duct is perceptible. The entire tumor is made up of cysts which contained fluid of a dark greenish tint. Some of the cysts are opened to exhibit the more solid matter within.

The specimen was from L. K., aged 31, a patient of Mr. Cock. She was a single woman and her health good. The tumor had been growing in the right mamma for six years, and a serous discharge from the nipple had existed five years. It formed a flattened irregular tumor, and fluctuated. She left well after the operation.

See engraving, Mr. Birkett's work, Plate V.

2290<sup>68</sup>. A very large cyst.

Removed from the breast of a married lady, 27 years old, by Mr. Birkett, October 6, 1859. It had been growing in relation with the right breast eight years. The large cyst contained fluid composed of milk and serum. On the walls of the cyst were several small adenocoeles. The breast itself was scarcely encroached upon.

2291. Hydatid cyst, removed from the breast by Mr. Cooper Forster. It contains numerous smaller cysts in which the animalia echinococci were very numerous.

A married woman, aged 29, had noticed the tumor gradually increasing for six years. It measured four inches across, was hard, small, and elastic; fluctuation could also be felt.

Drawing 410<sup>60</sup>.

ADENOCELE, ADENOID, CHRONIC MAMMARY, OR MAMMARY  
GLANDULAR TUMORS.

2292. Tumor about the size of an egg, for the most part of a firm texture and whitish colour. Near its centre is a small cavity containing little, pedunculated, membranous cysts which are of a yellowish colour, and appear to have lost their vitality before the removal of the tumor.

2292<sup>5</sup>. A mammary glandular tumor with cysts. The preparation shows a section of the new growth, and a piece of the mammary gland. The former is enveloped by a fibrous capsule continuous with the suspensory ligaments of the breast. Dissected by Mr. Birkett.

Case of S. A. P., aged 26, a single woman, and a patient of Mr. Teale's of Leeds, by whom the tumor was removed in 1852.

See drawing 410<sup>50</sup>.

2292<sup>10</sup>. A small adenocele.

2292<sup>15</sup>. A small adenocele.

Removed by Mr. Henry Lee from an unmarried woman, thirty-five years old. It was the growth of eighteen months; it was occasionally painful, and was situate in the left mammary gland. The tissue is seen to be very minutely divided; the floating bodies being the cæcal terminations of gland structure.

2292<sup>20</sup>. A small adenocele. It consists of a firm, dense, growth, with fissures but no cysts. It is partly attached to a portion of mammary gland.

2292<sup>25</sup>. Adenocèle, with traces of ducts in progress of development.

It was removed by Mr. Curling from the breast of a girl aged 15. It had been growing about a year, and among the clavicular portions of the gland. It was firm and nodulated, and divided into lobes. A microscopic examination showed cæcal terminations of ducts, with ducts in progress of development.

2292<sup>30</sup>. Adenocèle. The new growth consisting of imperfectly developed gland tissue, surrounded by a delicate fibro-cellular envelope. The divisions between the lobes are seen extending into the interior. When first cut the surface was white, but soon became red on exposure to the air; it was, however, not very vascular. The microscope demonstrated without difficulty the cæcal terminations of the ducts filled with epithelium. The terminal cæci greatly exceeded in dimensions those of the healthy gland tissue, and there was not a trace of ducts. They were grouped in twos and threes.

From A. B., aged 32, mother of five children, and used affected breast. Delicate woman. Noticed tumor eighteen months, and it increased but slowly; situate just above nipple, hard, irregular, and movable; of late painful. Integuments healthy. Removed by Mr. Cock in 1849; wound soon healed.

See Plate VII. in Mr. Birkett's work.

2292<sup>35</sup>. Adenocèle, removed by Mr. Ward of the London hospital.

E. D., an unmarried and healthy girl. When 20 years of age she discovered a lump in her left breast, and about three and a half years before showed it to Mr. Ward. It was situated above and outside the gland, and none of the latter was touched on its removal. The tumor when cut was remarkably firm, dense, and close, and the surface was very irregular. It was composed of a number of tubes, between which could be traced ducts which contained a milky fluid, and the tissue itself consisted of glandular structure. Although this new growth contained milk, the true breast was in a virgin state.

2292<sup>40</sup>. Adenocèle, removed by Mr. Birkett in July, 1855.

The patient, a girl aged 15, observed when 11 years and 9 months old that her left breast was becoming enlarged. The catamenia



appeared about the age of 13, and after this both breasts became enlarged and pendulous, but the left particularly so. Considerable difficulty appeared to exist as to the nature of the complaint. After more than four years' growth it was excised. The mammary gland was spread out over the tumor, and was closely adherent to it. The tumor itself when removed was remarkably firm and dense. It consisted of three lobes, but no lobules. The section was white, smooth, and uniform. Cæcal terminations of ducts were found, but the structure which prevailed was the wavy filamentous fibre. The portions of the mammary gland removed with it, exhibited only inactive tissue. The pendulous condition of both breasts still existed in 1862.

2293. Adenocèle of a fibrous texture.

2293<sup>10</sup>. Adenocèle of a more succulent character than the above (2293).

2293<sup>25</sup>. Three small adenocèles. One removed from the left and two from the right breast at the same time, by Mr. Cock, in August, 1852.

S. G., aged 23, a healthy woman; had observed the tumors in the right breast fifteen months, that in the left eighteen months.

2293<sup>30</sup>. Adenocèle, removed by Mr. Teale of Leeds in 1850.

E. A. P., aged 20, a single delicate girl, had observed a tumor growing in her left breast for two years. It was about three inches in diameter, and was inclosed in a thick fibrous envelope. When cut open, it exhibited, as seen in the preparation, a number of lobules hanging loose, and the cæcal terminations of the ducts projecting from these. It was, in fact, the glandular mammary tissue perfectly unravelled.

2293<sup>35</sup>. Adenocèle. This specimen exhibits the cysts in communication with the lactiferous tubes.

Case of Eliz. Richardson, aged 18, under Mr. Birkett in 1851. She was a servant of rather delicate health, and had for rather more than two years observed a hard lump near the nipple, and from which a yellow fluid escaped. The tumor was hard, irregular and painful. It was composed of cystic and intra-cystic growths, and near the nipple was a large dilated duct connected with a number of cysts. A tube could be passed into the duct, and from it all the cysts composing the mass could be inflated. The walls of cysts of various thickness, and

the contents viscid and yellow, though some were filled with solid growths. The microscope showed the usual formation of intra-cystic growths.

- 2293<sup>40</sup>. Adenocoele removed by Mr. Cooper. It weighed 13 ounces, and was composed of one very large and three small portions, held together by fibro-cellular tissue. The fibro-cellular envelope was carefully dissected by Mr. Birkett, and traces of the original gland, with ducts, were found running into the nipple. The smallest trace of true gland tissue was discernible. The tumors were, in fact, developed within the proper fascia of the gland. They were not very vascular.

Case of M. H., aged 30, who was under Mr. Cooper in 1848. The tumor occupied the left breast, and had been growing eleven years. The tumor was not painful, but she suffered from its weight, and it was very tender. In the right breast were also two small tumors.

See drawing 402<sup>30</sup> and 402<sup>81</sup>.

- 2293<sup>45</sup>. Adenocoele. It weighed when removed one pound and a quarter, was soft, elastic, and surrounded by adipose tissue. The exterior of the tumor was seen to be deeply and minutely lobulated. No opaque fluid was expressible, but only a glairy, albuminous, tenacious juice. The entire mass was solid, and composed of minute lobuli, united by an intervening substance. The microscope displayed the terminal vesicles of gland tissue, large and distended with epithelium. There were no ducts. The whole tumor informed of imperfectly developed gland tissue.

Case of Mrs. R., a married lady of nervous temperament, and no family. A tumor was discovered in 1839, and was seen by many eminent surgeons, who considered it to be cancer. At the expiration of fourteenth months' development it was removed by Sir A. Cooper, who found it to be formed of mammary glandular tissue, in which were a number of cysts containing a transparent fluid. From 1840 to 1848 she occasionally experienced slight pain in the cicatrix, and in the beginning of the latter year the breast began to enlarge. Upon taking lig. potassæ, recommended by Sir B. Brodie, the swelling diminished. Towards the end of the year it again rapidly increased, and she then consulted Mr. Key. The tumor was then movable, regular, pulpy, and felt like encysted fungoid disease. Having increased rapidly, it was

removed. The portion of cutis removed, in which was the cicatrix of the former wound, was perfectly healthy. This forms the present specimen. A recurrence of the growth took place. See next preparation, 2293<sup>46</sup>. The first tumor, removed by Sir A. Cooper, is in the College of Surgeons, numbered 172.

2293<sup>46</sup>. A third growth removed from the patient above mentioned (prep. 2293<sup>45</sup>). In March, 1853, a tumor was again removed by Dr. Fleming of Dublin. This was of three months' growth, and the accompanying preparation forms a part of it. Like the others it contained glandular structure, but different in its general appearance.

2293<sup>50</sup>. Small adenoid growth removed by Mr. Poland in 1850.

The patient was a married lady, and 28 years of age, when she first discerned a tumor in her left breast; she was also in the seventh month of pregnancy. It gave her no pain, and she suckled her infant with the affected breast. One year and a half after its discovery it was removed. The growth on section was perfectly smooth and flat, and its texture so close that to the unpractised eye it appeared to be composed of a gelatinous substance. The minute elements were delicate fibres, connecting together the cæcal terminations of the ducts.

2293<sup>55</sup>. Adenocèle, removed by Mr. Birkett, January, 1853.

Case of Ann B., aged 28. Single woman. She had observed her right breast larger than the left, six years before. It gave her no pain. The breast was so large and uniform that a distinct growth was with difficulty made out. On removal it was found imbedded in the lobes of the gland, and it weighed one pound. A section displayed lobules united together by connective tissue. The cæcal terminations of ducts were discoverable by the microscope.

See drawings 409<sup>3</sup> and 402<sup>35</sup>.

2293<sup>60</sup>. Two adenocèles, removed by Mr. Cock from H. Y., aged 31, May 13, 1851. They were close to, but in separate cysts.

2294. Adenocèle or sero-cystic tumor of breast. When removed it weighed two pounds and a half. It consisted of a piece of integument, the remains of the mammary gland, and a new development. At one extremity of the skin was seen

the nipple, and at the other an ulcer. The border of the ulcer was inverted, of natural tint, and of its usual thickness. The mass projecting in the centre was unattached to the edges of the ulcer, and was divisible into small lobules, attached by peduncles to the tissues behind. Small islets of skin crossed the ulcer, as if the skin had given way in more points than one. One mass of these sprouting intra-cystic growths had begun to slough upon its exposed surface, but very superficially. The tumor was carefully examined by Mr. Birkett, who found that lactiferous ducts could be traced into the remains of the mammary gland from the nipple, and ramification of ducts could be traced over the tumor. A vast number of cysts composed the mass, together with the remains of gland tissue. Some of these contained fluid only, some cholesterine; some large ones contained fluid and growths from walls, and others had small, firm, fibrous masses within them. The first variety of cysts were not numerous, the second appeared formed of dilated ducts, but the large cysts constituted the mass of the structure; the fluid they contained was tenacious, and coagulated by heat. The intra-cystic growths were pedunculated, of various size and consistence.

Case of Madam D'E., under the late Mr. Key in 1849. She was then 45 years of age, had a family, but never suckled with affected breast. It had been slowly growing for six years, more rapidly for six months, when ulceration of skin had taken place. The breast felt soft, pulpy, and fluctuated. The axillary glands healthy.

See drawing 402<sup>75</sup>.

2294<sup>5</sup>. Adenocèle removed by Mr. Cock.

2294<sup>10</sup>. Cystic tumor. It is composed of cysts and imperfectly developed gland structure.

Case of Ann W., aged 47, under Mr. Birkett in 1854. She was a healthy, but nervous, irritable, single woman. Menstruation had ceased eight years. The tumor had been observed on the axillary lobes of the right breast for two years, and had increased slowly. It was tender and painful, and hard and knotty to the feel. No axillary enlarge-



ment. Quite recovered. Mr. Key removed a growth of two years' development from the external lobes of the same breast in September, 1846.

See drawing of second growth, 402<sup>41</sup>.

2294<sup>15</sup>. Simple cyst removed by Mr. Birkett from a married but sterile woman.

2294<sup>20</sup>. Cyst, developed in mamma. Within are seen intra-cystic pedunculated growths.

Case of Charlotte J., aged 42, under Mr. Birkett in 1851, the mother of two children. When first seen the swelling in the breast had been observed eighteen months, and upon presenting the marked appearance of a cyst it was tapped, and six ounces of serum drawn off. The cyst rapidly filled, and was twice again emptied. It was then wholly removed. The patient was seen six years afterwards by Mr. Birkett with a perfectly healthy cicatrix.

See drawing 403<sup>70, 77</sup>, and 78.

2294<sup>25</sup>. Cyst removed from the surface of the female breast by Mr. Key. The growth above was removed from its interior.

2294<sup>31</sup>. A small mass of cysts removed by Mr. Cock from the female breast.

2295. Sero-cystic tumor of the breast removed by Mr. Bryant, March, 1861. It was found to consist of ill-formed glandular tissue, with much fluid blood effused in its substance.

Mary Ann W., aged 20, a servant in good health. Three years and a half before she discovered a small tumor in the right breast the size of an egg, and situated behind the nipple. Eighteen months before removal it had reached the size of a small orange; it then increased slowly until a few weeks before admission, when it grew rapidly. It measured then twenty-two inches in circumference; fluctuation was perceptible in it. It was tapped, and afterwards removed, the weight being two and a half pounds.

Model 40<sup>10</sup>, and drawings 486<sup>20</sup>.

2295<sup>10</sup>. A very large tumor of the adenoid kind removed by Mr. Birkett. Weight twelve pounds.

Mrs. H., aged 57. It was three and a half years' growth when removed in August 10, 1861. She was quite well in October, 1862.

2295<sup>15</sup>. Cysto-sarcomatous tumor from breast, removed by Mr. Bryant, January, 1862.

2295<sup>20</sup>. Adenocoele removed from the left breast. The gland was spread over it, and had nearly disappeared. Microscopically it was a good specimen of the disease.

Sarah H., aged 41, under Mr. Bryant, March 11, 1862. It had been growing twenty years, and appeared shortly after the birth of her only child. Rapid recovery followed the removal.

2295<sup>25</sup>. A very large cystic-sarcoma or adenoid tumor of the breast, removed by Mr. Bryant, January 14, 1862. It is composed of cystic enlargement of the ducts with intra-cystic growths.

Caroline G., aged 43. The tumor had been growing eight years, and for the last five years the increase had been rapid. There had been for months a bloody discharge from the nipple, and the cysts could at times be emptied by pressure. After removal rapid recovery followed.

2296. Portion of tumor, of the cysto-sarcomatous kind, removed from the breast by Sir A. Cooper, by whom it was called hydatid disease.

2296<sup>5</sup>. Cysto-sarcoma of mamma, removed from a young lady who subsequently sank from exhaustion.

2296<sup>10</sup>. Cysto-sarcoma of mamma, supposed to have been removed by Mr. Field of Rotherhithe in 1827, and weighed 14 pounds 13 ounces. It had ulcerated through the integuments in various places, presenting large red granulations.

Internally it presented numerous pedunculated cysts proceeding from several centres. Some, though translucent, were of considerable density. A few of these bunches of cysts were surrounded by fluid. Some of the bunches were soft, as though they had lost their vitality.

The patient was a married woman and 29 years of age, when first discovered. After eleven years' growth it was removed, and then weighed as above stated.

See "Lancet," No. 234, p. 797.

- 2296<sup>15</sup>. Large cysto-sarcomatous tumor, removed from the breast by Sir A. Cooper. It remained so long in spirits before its examination, that its structure, which was very firm, became extremely indistinct.

Presented by B. B. Cooper, Esq.

- 2296<sup>20</sup>. Cysto-sarcomatous tumor. The section shows it to be very solid, and composed of strong-walled cysts with intra-cystic and solid growths, connected together by uniting fibre tissue. In the upper half the growth appears to be a solid firm mass, presenting numerous glistening striæ running in various directions. The other parts, having a uniformly smooth surface, are similar to the intra-cystic growths, but as there is no fluid between the growth and the enveloping fibrous tissue, the cyst-like formation does not appear. In the lower part of the section, where the uniting fibre tissue has been dissected from the new growth, the appearance of cysts is rendered perfect. The existence of fluid between the cyst wall and its contents is only wanting to complete the more commonly met-with structure. At the right hand side of the preparation such a cyst is seen stretched open by a glass rod. The whole tumor is composed entirely of imperfectly formed gland tissue and uniting fibre tissue.

See Plate V. Guy's Hosp. Rep. for 1849.

- 2296<sup>50</sup>. Cysto-sarcoma of mamma. The preparation shows well the pedunculated intra-cystic growths. From there being a

small development of uniting tissue, the growths project into the cysts and are bathed in fluid. The lobulated masses are seen like bunches of grapes, hanging by long delicate peduncles. The peduncles are not pervious although they represent the ducts, as the new growths do the gland tissue.

See Plate IV., Guy's Hosp. Rep. for 1849, and drawing 403<sup>85</sup>.

2297. A cysto-sarcomatous tumor from the breast.

This is an old preparation called hydatid disease.

2297<sup>5</sup>. Cysto-sarcoma of mamma.

An old preparation, denominated fungoid.

2297<sup>10</sup>. Cysto-sarcoma of mamma, showing section of tumor.

An old preparation, denominated fungoid.

2297<sup>15</sup>. Cysto-sarcomatous tumor of the breast.

An old preparation.

2297<sup>20</sup>. Cysto-sarcoma of the breast, removed by Mr. Hilton in December, 1855.

Case of Mary P., aged 15, a robust girl in tolerably good health, menstruation irregular. Both breasts large. She had observed a lump in the left one for a year and a half before admission. A hard movable lump, the size of an orange, felt below the nipple of the left breast. By squeezing a little fluid escaped. The tumor was removed, and the patient left well in January, 1856.

2297<sup>25</sup>. Mammary cyst and adenoid growth, associated with carcinoma, removed by Mr. Birkett upon separate occasions.

Case of Catherine H., aged 41, admitted in October, 1855. She was married, had six children, and menstruation was still regular. She observed a swelling in her breast two and a half years before, and



which had increased during the last three months. It was very painful and sensitive, and fluctuated. The cyst was removed and is seen topmost of the two preparations. It contained about three ounces of serum, coloured with blood, and within it were numerous intra-cystic growths, and these were soft, looking like encephaloid disease, and some infiltrated with blood. They consisted of true glandular tissue. Two months after the operation a small tumor was discovered in the site of the cyst. This was removed, and is the lower of the two preparations. It was also composed of glandular tissue. She subsequently died of cancer.

2297<sup>30</sup>. Cysto-sarcoma of the breast, removed by Mr. Birkett in April, 1856.

Case of Mary R., aged 46. She was a married woman, with seven children—youngest six years old. Healthy woman, although nervous, and menstruation regular. She had suckled with both breasts. Four years and a half before she had observed a lump in the left breast. On pressure a fluid exuded from the nipple, and by this means the tumor could be reduced in size. On admission a soft fluctuating swelling could be felt around the nipple. The tumor was removed and found to consist of two cysts, a larger one and a small one; and on the walls of these there were new growths of mammary tissue. The ducts leading from these cysts could not be traced distinctly to the nipple.

2297<sup>35</sup>. Small adenocele, removed by Mr. Cock in June, 1856.

Case of Ann M., aged 47. She was a married woman, with no family, and the catamenia had ceased two years. She had observed a tumor in the breast for seven years. On admission it was felt situate on the outside of the right breast, and was about the size of a walnut. It was found to be composed of true glandular tissue.

2297<sup>40</sup>. Small adenocele, removed by Mr. Birkett in July, 1856.

Case of Clara W., aged 22. Was a delicate girl, and about eight months had observed a swelling in the right breast. It was growing just outside the nipple, and composed of dense tissue, containing some true glandular structure within.

2298. Adenocele or cysto-sarcoma of breast.

An old preparation styled hydatid disease.

2298<sup>5</sup>. Adenocele or cysto-sarcoma of breast. The tumor is seen to be inclosed in a fibrous cyst, and the interior presents

the most delicate foliated growths. The whole structure was succulent and easily torn. The microscope showed it to be composed of imperfectly developed gland tissue.

It was from a patient, — J., of Mr. F. Toulmin of Hackney. She was a servant, aged 26. She was in good health, and the tumor had been observed seven months when removed. It was then slowly increasing, and pain was occasionally felt in it. It was slightly adherent to the skin. The wound soon healed after its excision.

See drawing in Mr. Birkett's work.

2298<sup>10</sup>. Adenocoele or cysto-sarcoma of breast. The tumor was succulent and consisting of cysts and intra-cystic growths.

Case of Mrs. M., aged 46, under Mr. Birkett in 1853. She was the mother of one child, and suckled with the affected breast. Soon after weaning it, and five years before the operation, she perceived a small swelling in the left breast. Increased rapidly during the last year. The tumor was found developed behind the true mammary gland, and this was only removed. The wound healed and the patient was cured.

See drawing 403<sup>15</sup>.

2298<sup>15</sup>. Adenocoele or cysto-sarcoma of breast.

Removed in 1805 by Sir A. Cooper, and styled scirrhus.

2298<sup>20</sup>. Adenocoele or cysto-sarcoma of breast.

An old preparation styled scirrhus.

2298<sup>25</sup>. Adenocoele or cysto-sarcoma.

An old preparation styled scirrhus.

2299. Cysto-sarcoma of breast.

This is an old preparation and called hydatid. It is stated to have been removed by Mr. Crompton at Birmingham, and that the patient survived several months without the disease returning. It commenced as a small hard tumor which remained stationary many years; after which it rapidly increased.

2299<sup>10</sup>. Cysto-sarcoma of breast. It exhibits clearly the cysts and intra-cystic growths.

This is an old preparation, under the head of hydatid disease.

2299<sup>15</sup>. Cysto-sarcoma of breast.

Removed by Mr. Cooper.

2299<sup>20</sup>. Portion of a very large cysto-sarcomatous tumor removed by Sir A. Cooper. The cysts and intra-cystic growths are well shown.

2299<sup>25</sup>. Cysto-sarcoma of breast.

2299<sup>30</sup>. Cysto-sarcoma of breast. From a patient of Mr. B. Cooper.

2299<sup>35</sup>. Cysto-sarcoma of breast. At the time of the operation considered to be fungoid, removed by Mr. Morgan. The patient, resident at Pool, had a small indolent tumor for some years (twelve or fourteen), which in 1827 began rapidly to increase in size, and was removed in the autumn of the same year. There was considerable livid discoloration of the integuments. The wound healed very slowly, and some months afterwards there was no appearance of the return of the disease. The specimen was examined by Mr. Birkett in 1839, who made the sections in it. The gland is raised from the tumor by a piece of glass, and seen to be expanded and atrophied. The tumor is seen to contain cysts and intra-cystic growths.

See Plate VI., Guy's Hosp. Rep. for 1839.

2299<sup>40</sup>. Large adenocoele, with dilated duct containing a mass of casein.

Case of Elizabeth K., aged 25, under Mr. Birkett's care in the hospital in 1854. She was a married woman, and four years before she discovered a lump in her left breast. She afterwards had a child, and then a second, at which time Mr. B. saw her. The breast was then double the size of the right. No pain was experienced in the part. She had a third child in 1853, and had milk abscesses. In February, 1854, Mr. B. removed the tumor. It was then easily diagnosed as a glandular tumor; the skin could be detached, and the whole mass rolled easily in the hand when grasped, the lobulated surface being well marked. It lay on the outside of the breast, which was untouched during the operation. It weighed 3 pounds, and was composed of lobules, consisting of true glandular tissue, and ducts which terminated in a large cyst, filled with cream or caseous matter. The cyst wall was very firm.

See drawing 402<sup>5</sup>, 6, 7.

2299<sup>45</sup>. Three adenoid tumors, removed by Mr. Birkett from the same individual at different times; the upper and right hand one being an example of the "chronic mammary tumor." This was the first removed. The upper and left hand was the second one removed; this was a cysto-sarcoma; and the lower and larger tumor was subsequently taken away; this, like the first, was compact and lobulated.

Case of Mrs. B., aged 45; married, but sterile. The first tumor was situate on the outer side of the right breast, was movable, lobed, and irregular. It had been growing about a year. No part of the breast was removed; and the tumor composed of compact structure, but whose ultimate elements were glandular ducts. Two years afterwards a new growth was discovered near the cicatrix. This after three months was removed, and found to consist of several cysts containing intra-cystic growths. The wound healed, but soon the patient began to complain of pain in the breast, and the whole became swollen and indurated. Soon a tumor was discovered, which grew rapidly, and this also was removed twelve months after the last operation. The tumor was firm, dense, and lobulated as the first. From the time at which the tumors were distinctly discovered it will be seen that the *first* was of eleven months' growth; the *second*, three months'; and the *third*, four months'.

See drawing 402<sup>48</sup>. Guy's Hosp. Rep., 1855.

2299<sup>46</sup>. Preparation of a fourth growth removed from same case, 23d August, 1859. Drawing.

2299<sup>50</sup>. Adenocoele developed behind the mammary gland, and removed by Mr. Birkett, June, 1855.

Miss C., aged 43, a single lady, had observed a growth steadily increasing in her left breast for three months. She was in good health, and the tumor was painless. It was removed, together with the atrophied mammary gland. The new growth was developed within the fascia of the gland, but at its posterior surface. It was composed of cavities with fibrous walls, containing yellow serum and solid growths. These consisted of caecal terminations of ducts. This patient was quite well in 1862.

See drawing 404<sup>5</sup>. Guy's Hosp. Rep., 1855.

2299<sup>55</sup>. Adenocoele sent to Mr. Birkett by Mr. Wood of New Romney.

A young woman, aged 22, discovered the tumor thirteen months before its removal. It was of close texture, but showed, on minute examination, the true glandular tissue.



2299<sup>60</sup>. Small adenoid tumor, removed by Mr. Birkett.

Miss P., aged 24. It had been growing four years. A section showed it to be composed of a number of lobules loosely connected, and which consisted of cæcal terminations of ducts filled with epithelium.

2299<sup>65</sup>. Part of an adenoid tumor removed from a patient in St. Thomas' Hospital by Mr. Solly.

She was a girl, aged 25, unmarried; and the tumor had been growing two years. It was situate upon the outer surface of the left breast, and it gave her no pain. The tumor was solid, but on close examination ducts and their terminations were easily seen filled with epithelium.

2299<sup>70</sup>. Adenocèle, consisting of a firm lobulated tumor with intra-cystic growths.

Rebecca S., aged 36, under Mr. Birkett, August 12, 1856; married woman, with two children. After the birth of the first, six years ago, she observed a black spot on the breast. At her second confinement she had a bad breast. For three years she has had a tumor in the part, and this has been open for two years. On admission it presented a large fungating mass like a mushroom, with a neck, and continually bleeding. Upon grasping and raising it, the nipple was seen beneath and at its upper part, so that it was evident that a cyst had broken and a growth had sprung up which had covered the nipple. The whole mass was cut off by the neck.

Drawing 403<sup>55</sup>.

2299<sup>73</sup>. A second growth removed from the same patient as above, December 11, 1860. Tumor composed of fibroid tissue.

2299<sup>75</sup>. Adenocèle removed, March 24, 1856, by Mr. Hacon of Hackney from a single woman, 39 years old. It had been growing more than four years, was the size of an adult's head, and very large arteries could be felt pulsating at its sides and over its surface. Mr. Birkett was present at the operation, and examined the new growth, which consisted of cysts and intra-cystic serum and growths. The breast was atrophied. The patient was quite well in 1862.

2299<sup>80</sup>. A large adenocèle, composed mostly of fibro-plastic tissue, though some of the cysts contained growths of mammary structure.

Priscilla C., aged 34, admitted under Mr. Birkett, June 10, 1857. She was a healthy, prolific, and robust woman. In the spring of 1856



she observed a small lump amongst the sterno-clavicular lobes of the right breast. This slowly increased whilst suckling. She was again confined in January, 1857, when the growth increased rapidly. Mr. Birkett removed the new growth only. See next preparation.

- 2299<sup>81</sup>. A second tumor removed from the same case as above. In this the mammary tissue appeared absent, the growth being composed of fibre, like the recurrent fibroid tumors. The first tumor was removed in June 23, 1857, and in the cicatrix another speedily sprung up. This was also removed in October 6, 1857. Before the wound had healed a third growth appeared under the skin of the chest below the cicatrix, and shortly afterwards signs of internal thoracic disease appeared, leaving little doubt that growths of the recurrent fibroid character had taken place in the lungs. She died in January, 1858, and no post-mortem examination was allowed. It will be observed that from the discovery of the disease until the operation sixteen months had elapsed, and from this period until its recurrence there were two months. Also, that she survived the first operation six months, and its first discovery twenty-two months.

See drawing 403<sup>65, 66, 67, 68</sup>.

- 2300<sup>1</sup>. Recurrent fibroid tumor removed from the left breast, from Caroline H., aged 36, by Mr. Hilton, November, 1850.

She was a single woman, spare, and of very excitable irritable temperament. The tumor had been growing for eight or nine years. She came to the hospital again under Mr. Cock in July, 1855, with a return of the growth. It formed a large, pendulous, lobed, ulcerated, and sloughing tumor in region of left breast. She was then 41 years of age. It was removed, and seen in next preparation. It formed a thick walled hollow mass, the centre having sloughed out. The microscope showed it to be composed of nucleated fibre. She left the hospital convalescent. In April, 1857, the disease reappeared, and Mr. Cock removed a large mass in January, 1858 (prep. 2300<sup>3</sup>). This was composed of the same tissues as the former growths. Before she left the hospital the growth was springing up afresh. She went into the country, where it rapidly increased in size and sloughed, and she died, worn out, in the autumn of the year 1858.

- 2300<sup>2</sup>. The second tumor referred to above.

2300<sup>3</sup>. The third tumor referred to above.

See drawing 403<sup>60, 61</sup>.

2300<sup>8</sup>. Section of a fibro-plastic tumor removed from the breast of a single woman, aged 51, in December, 1861. It had been growing four months. A growth of a similar kind had been removed from the same breast in July, 1860. A private case of Mr. Birkett's. Drawing.

2300<sup>20</sup>. Tumor removed from the breast by Mr. Hilton, November 5, 1861. The tissue appeared to be composed mainly of fibro-plastic elements, although the whole growth had a decidedly cancerous aspect.

Rosina T., aged 25. She was confined six months before of her first child, and ever since her breast had been enlarging, and latterly the surface ulcerated.

2300<sup>40</sup>. Colloid tumor from the breast, removed by Mr. Cock, November, 1861, from a single woman, 44 years old. Growth about two years' formation. The axillary half of the breast was involved in the disease. This portion only was removed. No return in October, 1862.

2300<sup>50</sup>. A large adipose tumor removed after death from the breast of an old woman, aged 87. When 30 years of age she observed a tumor in the upper part of the right breast, and this she showed to Sir A. Cooper on the 9th January, 1806. She remembers the date, because the day on which Lord Nelson was buried. The growth slowly enlarged, but not the last few years. She was married, but sterile. When removed it was of 55 years' growth. It was thought to be adenocoele, but when a section was made was found to consist of fat, with a piece of bone in the centre.

Drawing 403<sup>95</sup>.

#### CANCER OF THE BREAST.

2301. Large carcinomatous tumor of the breast; preserved as a good specimen of the disease. It was 16½ inches in cir-

cumference. The centre is streaked with decaying matter. There are also some enlarged lymphatic glands accompanying the preparation.

Elizabeth P., aged 40, under Mr. Birkett, June 25, 1856; married, with ten children. Just weaned the last fifteen months old. She had an abscess in the right breast twenty years ago, and never suckled with it since. In December, 1855, she first perceived a lump in this breast, and it rapidly grew, until admission. Then she had a very large cancerous tumor, of a dark purple colour, the surface ulcerated, very painful, the nipple always retracted. She said her mother died at the age of 74, and she had a cancer. She left convalescent after its removal.

2301<sup>5</sup>. Section of a large scirrhus tumor, removed from the breast by Mr. Hilton.

2301<sup>10</sup>. Carcinoma of breast and skin. The specimen shows independent growths in the skin.

Emily G., aged 40, under Mr. Hilton, October, 1856; married; had never born living children. She had observed a tumor in the breast for eight months, and for some time smaller lumps around it. Had been ulcerated six weeks, with excessive pain. Removed by operation, and she left the hospital convalescent.

2301<sup>15</sup>. Carcinoma of breast, containing a large cyst away from nipple, with opening having fungous edges. A section showed it to be cancer, although it had been mistaken for an adenocoele. It had been noticed only six weeks, and ulcerating two weeks. Removed December 30, 1856, by Mr. Cock.

Mary Ann W., aged 45; Tooting. Family and five children, youngest nine. Good health until observed the tumor. Left well, January 28, 1857.

2301<sup>16</sup>. A second removal from same case. This also consists of a cyst, covered with carcinomatous granulations on its inner surface. Cyst was filled with bloody serum.

She remained well for three months, when a tumor was observed in the cicatrix, which rapidly grew. Came again under Mr. Cock, and tumor removed, July, 1857. Again left well.

2302. Scirrhus disease of the mamma. The gland is but little enlarged, but appears dense and lobulated, with some indication of softening or ulceration internally. The nipple is retracted, but unaccompanied by external ulceration.

2302<sup>17</sup>. Small carcinomatous tumor from the mamma of an old woman, who stated that it had existed for twenty-eight years.

Mr. Birkett.

2302<sup>64</sup>. Scirrhus cancer of the breast, removed by Mr. Morgan.

2302<sup>65</sup>. Section of a scirrhus tumor from the breast, removed by Mr. Birkett. It has been macerated in water to show the fibrous structure.

2302<sup>80</sup>. Section of a breast removed from a private patient of Mr. Morgan. A nodulous projection from the principal tumor is described as affording a specimen of the unrepressed growth which takes place in the secondary parts when relieved from pressure.

Case of Mrs. C., aged 50, who died of cancer of the cranium and other organs. See preps. 1585<sup>75</sup>, 1604<sup>50</sup>, 2056<sup>60</sup> and <sup>84</sup>, 2275<sup>40</sup>.

Drawing 407; and diagram 149.

See 10. Green Insp. Book, p. 106.

2303<sup>85</sup>. Portion of breast infiltrated with carcinoma.

2305. This is an old preparation, styled cancer, but it is very questionable if it be of this character.

2306<sup>50</sup>. Carcinoma of breast.

From a patient of Mr. Hilton.

2306<sup>55</sup>. Growth from the breast of a woman 55 years old. The disease was primarily a cyst of six months' formation, from which about 3 i. of yellow serum was removed by Mr. T. B. Curling in 1853. The integuments ulcerated around the puncture, and he removed the mass here pre-

served, which has undergone no preparation whatever. Mr. Birkett examined the tissue under the microscope, and could not discover the elements of cancer.

2307. A circumscribed growth of carcinoma, removed by Mr. Birkett, with the breast, from M. B., 48 years old, in June, 1853; a growth of six or seven weeks.

2308. Section of breast infiltrated with carcinoma. The ducts were dilated, and contained mucous secretion. Having been rendered tortuous by compression, a section of them produced the appearance of cysts seen on the section.

2308<sup>10</sup>. Carcinoma of breast from seven to eight years' growth. Lucy J., aged 36, when the disease was first noticed. The growth and breast were removed by Mr. Birkett in February, 1858, and the patient was free from disease in 1862, and fairly well.

See drawing 406<sup>95</sup>.

2309. Carcinoma medullare, with fistulous opening through the integuments.

From a patient of Mr. Cock in 1853. She had had a large family. She stated that ten months before admission into the hospital she had an abscess in the breast, which broke through the nipple. A hard tumor subsequently formed, and the nipple became contracted. It was removed, and the patient left well.

See drawing 407<sup>51</sup>.

2309<sup>5</sup>. Represents a portion of the left mammary gland, consisting of cancer which contained cysts. A large cyst is seen with a growth attached to its walls. The cyst was filled with bloody serum, and the growth consisted of the elements of carcinoma.

Case of Mrs. B., aged 40, a private patient under the care of Mr. Birkett in 1853. Ten years before she discovered a lump in her left breast, but suckled with it subsequently, and enjoyed good health. Five months before removal the tumor became rapidly larger, and fluctuation could be detected in it. The patient recovered from the



operation, and was perfectly well for two years and nine months. A growth then formed in the left axilla, which ulcerated, and cancer was developed in other organs, and for two years she suffered intensely. She died fourteen years after the discovery of the primary growth. On post-mortem examination cancer was found in the left humerus, left femur, and left os innominatum, and the third, fourth, and fifth lumbar vertebræ; also in the liver.

See drawing 406<sup>79</sup>.

- 2309<sup>10</sup>. Cancer of the breast, from an aged woman; preserved to show infiltration of the centre of the gland, and subsequent contraction.

Removed by Mr. Birkett.

- 2309<sup>15</sup>. Tuber of carcinoma, removed by Mr. Birkett from Jane H., aged 37, in June, 1854. Growth of six months. She subsequently died of internal cancer, but there was no post-mortem examination.

- 2309<sup>20</sup>. Carcinomatous tubercle in skin, appearing after the removal of the breast.

Case of Maria G., aged 46, under Mr. Birkett's care. She was a servant, and a single woman. In April, 1852, she discovered a lump in the right breast. This was removed, together with an axillary gland, in November, 1853. In January, 1855, the disease reappeared in the cicatrix, and was removed in September, 1855. These are the new growths or tubercles in the skin seen in the preparation. The disease again returned, and the patient, when readmitted for the last time, in May, 1856, had evidently internal cancer. She died in July, and very extensive carcinomatous disease was found in the chest and abdomen.

See Insp. 139, for 1856.

- 2309<sup>25</sup>. Sloughs of carcinomata, removed from the breast by the action of chloride of zinc, applied to a patient under the care of Mr. Birkett.

- 2309<sup>30</sup>. Carcinomatous tumor, removed by Mr. Birkett from the breast. The specimen is preserved to show a distinct

dark-coloured nodule growing at its back part, and which appears to be quite distinct from it.

Case of Hannah F., aged 56, in the hospital in March, 1856. She had had one child, and ceased to menstruate at the age of sixty. The tumor had been observed in the right breast for five years, and the skin had been ulcerated for four months. When removed the tumor was the size of the fist, ulcerated and discharging, and an axillary gland was enlarged. The patient left well, but subsequently died of cancer in the liver.

- 2309<sup>85</sup>. Cancer of breast in which caustics had been previously employed.

Elizabeth S., aged 51. Mr. Birkett. Removed April 3, 1859.

2310. Carcinoma of breast, showing ulceration of the integuments in one spot far advanced, and in the others commencing.

- 2310<sup>10</sup>. Cysto-carcinoma (?) of breast.

Removed by Mr. Birkett from a lady, 66 years old, in February, 1858. It had been growing five years. It consisted of innumerable cysts, the contents of which had a very "vascular matrix, and simple cell formation" (Wilks). New cysts were subsequently developed around the cicatrix, and the patient died in October, 1862, having survived the first discovery of the disease nine years and nine months.

Drawing 408<sup>10, 11</sup>.

- 2310<sup>20</sup>. Carcinoma of breast.

Removed by Mr. Birkett, May, 1858, from Mary Ann C., aged 37. It was preserved to show central infiltration of the gland with peripheral cysts.

2311. Scirrhus carcinoma of breast, with external ulceration considerably advanced; the elevated margin remarkably broad.

2312. Carcinoma of breast. Ulceration far advanced.

2313. Carcinoma of breast. Ulceration very far advanced. A tumor of the same nature had been removed by operation, but the disease returned.

2314. Carcinoma of the breast. The integuments somewhat affected. One of the absorbent glands from the axilla is enlarged, and presents a similar structure to that of the breast.

2314<sup>50</sup>. Carcinoma of breast. The centre is softening.

2315<sup>75</sup>. Cancer of mamma, with central softening.

Removed by Mr. B. B. Cooper from a private patient, who subsequently died of cancer.

2317. Portion of carcinomatous breast of remarkable size and hardness, removed after death from a patient of Mr. B. B. Cooper. The disease extended to the axilla, and over a considerable portion of the left side. The lungs were also affected as well as the liver.

Sarah G., aged 45, in the hospital in 1827.

See prep. 1780, 1922, and cast of the breast and liver.

3. Green Insp. Book, p. 15.

2321. Scirrhus carcinoma of the mamma.

2323. Sections of a tumor removed from the breast by Sir A. Cooper. The structure of the greater part of the tumor appears dense and compact, resembling that of true scirrhus. There are cavities containing coagula of blood.

2325<sup>50</sup>. Section of a breast affected with cancer in which the process of softening is far advanced.

Removed by C. A. Key, Esq.

See drawing, No. 411.

2327<sup>50</sup>. Tumor from the mamma, apparently soft cancer, but said, when first removed, to have had somewhat of a gelatinous appearance. The surrounding cellular membrane considerably thickened.

Removed after death from the body of Mary R., aged 45. The patient was under Mr. Morgan in 1832. The liver, gall-bladder, kidney, ovary, and lumbar glands, were all the subject of cancerous disease.

See prep. 1922<sup>86</sup>.

3. Misc. Insp. Book, p. 50.

2327<sup>75</sup>. Section of a large cancerous tumor from the breast. Its substance was remarkably white and medullary, and its structure rather indistinct. Softening had commenced in one or two places. Removed after death.

Case of Mary B., in Mary ward, under Mr. Key in 1831.

See drawing 412.

2328. Section of cancerous tumor of breast.

2329. A section of breast injected; probably cancer.

2337. Induration, with ulceration around the nipple.

Old Museum Book, No. 177.

Sir A. Cooper.

2338. Cancer affecting the nipple and areola.

## UTERO-GESTATION.

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### EXTRA-UTERINE FŒTATION.

2516. Fœtus about three months old, with part of the membranes, cord, and placenta developed in the extra-uterine sac, seen in the following preparation:—

2517. The uterus and parts concerned in forming the cavity from which the preceding specimen was taken. The remains of the sac in which the fœtus was developed are to be seen a little to the right of the fundus of the uterus, which is very small and contains no decidua.

Elizabeth H., aged 20, under Dr. Bright's care in 1828. She had for some time past led an irregular life, and was the mother of one illegitimate child, about eighteen months old. She was not conscious of being again pregnant, but suspected that it might possibly be the case. She had been ill for nearly six months, but only been laid up and confined to her bed for three or four weeks. On admission she was reduced to a state of extreme prostration by a diarrhœa which was quite unrelieved by medicine; the matters passed containing much pus and blood. The abdomen was full, but no tumor could be felt. She died in a few days after admission. Upon post-mortem examination the viscera at the lower part of the abdomen were found firmly united together, and amongst them were a few collections of pus. A shut cavity was formed by the abdominal muscles in front, by the rectum behind, and the colon at the sides. The cavity was filled by a highly offensive very dark-coloured grumous mass, in which the fundus of the uterus could be seen. When the cavity was washed out the more solid



parts of the contents were found to consist of a foetus, apparently about three months old, with the umbilical cord and some traces of membranes, and a round spongy mass the size of an egg, which appeared to be the placenta. At the upper and back part of the cavity in which the foetus was contained was an opening between two and three inches long, which communicated with the sigmoid flexure of the colon.

7. Green Insp. Book, p. 52.

2517<sup>20</sup>. Extra-uterine foetation. The ovum has been arrested in the left Fallopian tube, which is expanded into a tumor the size of a billiard-ball. The surface is smooth with the exception of two small rents, neither larger than a sixpence. On the opposite side the sac has been opened, and the walls are seen to be thin. The outer membrane of the ovum was covered with blood, and the villi were with some trouble extracted from it. Nothing like a deciduous membrane was found between the chorion and the lining membrane of the tube. A delicate amnion contained the foetus. The latter is scarcely an inch long, umbilical vesicle not discoverable. In the opposite ovum is seen the corpus luteum. The uterus is about twice the size of a virgin one; the walls thickened and lined by a slightly raised efflorescent membrane, which had several superficial alveolar depressions on the interior surface. On examination by a lens, it appeared to be more like the half-organized membrane of dysmenorrhœa than a well-formed decidua.

Matilda L., aged 19, a prostitute. On June 19, 1842, she went to bed well. In the night she was seized with abdominal pain, sickness, collapse, &c., and she died at seven o'clock on the following morning. The abdomen was found full of blood, the source of which was immediately seen to be from a rent sac formed in the left Fallopian tube.

Presented by Mr. B. C. Rose of Swaffham, Norfolk.

See Guy's Hosp. Rep., Series II., vol. i., p. 488.

2517<sup>25</sup>. Extra-uterine pregnancy of about the third month. The foetus developed in the right Fallopian tube. The ovum is contained in its membranes surrounded by chorion, and external to this is some lymph or coagulum of blood.

The uterus is enlarged and occupied by a slight flocculent exudation.

Mrs. W., aged 29. Married six years; never had any children. For two or three months she felt indisposed, with occasional sickness and abdominal pain. On the night of July 16, 1839, she was seized with symptoms of abortion, accompanied by vomiting and collapse, and she died on the following day. On post-mortem examination a large quantity of blood was found in the abdomen; a fœtus was seen lying loose within it, and on the right side was a sac from which it had escaped. The uterus had a lining membrane like a decidua.

Presented by Mr. C. Cooper, Wandsworth.

2. Note-book, p. 59.

2517<sup>30</sup>. Extra-uterine gestation. The right Fallopian tube expanded at its distal extremity into a sac the size of an orange. The seat of rupture is at the lower part, from which originally protruded a large coagulum. An opening in the ovum was found within, and containing a fœtus of between three and four months' development enveloped by membranes, and around these the tufts of chorion. Between the wall of the tube and placenta was a coherent membrane, which seemed to act as a medium of connection between the two; its structure could not be made out. The right ovary was found to contain a corpus luteum. The uterus was as large as an organ at a fourth month pregnancy; a plug of mucus filled the os. The mucous membrane was raised into a very rich deciduous membrane, and thrown into folds. It is tubular, and the openings of which present a cribriform appearance. The openings of the Fallopian tubes are closed.

Mrs. K., aged 31. She had had a child seven years before, and in October, 1844, being pregnant for the second time, and as she thought three months advanced, she suddenly felt something give way in her abdomen, which was succeeded by pain and collapse. She died in twenty-four hours. A large quantity of blood was found in the abdomen, which was seen to arise from an extra-uterine foetation in the right Fallopian tube.

Presented by Mr. J. Smith.

See Guy's Hosp. Rep., Series II., vol. iii., p. 269.

2517<sup>50</sup>. Uterus, with the right Fallopian tube communicating with a vicarious uterine cavity, containing a full-grown foetus. The sac appears to have been originally formed in the Fallopian tube of the right side. The walls are thick, and lined by a vascular flocculent membrane.

Case of a woman who, five years before her death, was taken with labour pains, which ceased after two days. She had previously had four children. She had several attacks of peritonitis, in the last of which she died. All the abdominal viscera were united together by lymph.

Presented by Dr. W. P. Borrett, Yarmouth.

1. Note-Book, p. 149.

2517<sup>60</sup>. Extra-uterine pregnancy of about the fourth month. The preparation has been injected. The sac is formed in connection with the right Fallopian tube. The amnion is seen within, and the umbilical cord attached to the placenta, and immediately within the tube itself is a thick material like coagulated blood. The uterus is enlarged, and its mucous surface covered with shreds of membrane, which are cribriform and porous, like the decidua.

Caroline F., aged 26, admitted into the hospital, March 14, 1849; and died April 1. She came in, complaining of pain in the abdomen, where a tumor could be felt below, and to the left side of the umbilicus. She died suddenly. Body well nourished, milk in the breasts, abdomen full of blood, and a large tumor was seen in the lower part of its cavity. The tumor or cyst was united to surrounding parts, and was formed in connection with the left Fallopian tube, which is seen behind it, but covered in by the broad ligament and omentum. At its upper part was a rent, and in this was a coagulum of blood. When the cyst was opened, it was found to contain a foetus of about five months old. The source of the hæmorrhage was from the rent at upper part of cyst which held the placenta, and which was covered by omentum, the arteries being traced to the uterine. It was thought that, from the close connection between the sac and omentum, the blood was returned to the mother in part by this membrane. It was also considered at the time that the dissection was made, that the ovum was developed in a cyst formed by the broad ligament and the parts before mentioned. The pregnancy would thus be strictly ventral.

New vol. ii., p. 405.

2517<sup>61</sup>. Extra-uterine foetation, between two and three months. The sac is formed in the left Fallopian tube; it is partially

open, showing the chorion, but the ovum is still in the sac of the amnion. The uterus is enlarged, and is filled with a thick exudation resembling decidua, and this is slightly cribriform. The corpus luteum is in the right ovary.

Mary Ann B., aged 36, came to Dr. Habershon at the City Dispensary on December 18, 1851, complaining of ill health, and that she was about three months pregnant, and had some uneasy feeling in the abdomen. She was better for the medicine ordered her, but on the 31st she became faint, afterwards collapsed, and died in four hours. On post-mortem examination, the abdomen was found to contain a large quantity of blood proceeding from a cyst in the left Fallopian tube. In this was a rent, and protruding from it a fœtus enveloped in chorion. The cyst was about the size of an orange.

Drawing 490<sup>71</sup>.

2517<sup>63</sup>. Extra-uterine fœtation of about the sixth week, developed in right Fallopian tube. The corpus luteum is in the left ovary. The uterus is enlarged, and contains some adherent shreds of exudation.

2517<sup>65</sup>. Interstitial extra-uterine fœtation. The ovum was imbedded in the left horn of the uterus, as seen in the upper part of the divided organ. The cavity is about the size of a horse-chestnut, and is quite closed. The uterus is much increased in size. The cavity is filled by an exuberant growth of deciduous membrane, closing the Fallopian tubes. It is perforated throughout by small openings; it varies in thickness, and is not easily separable from the uterus, and does not present those cup-like sacs which mark the decidua vera when thrown off with an aborted ovum, its prevailing character being lobular. The right ovary contained a large corpus luteum. The ovum was lost in the abdomen.

Case of a woman, aged 28, who thought herself to be two months pregnant. Whilst washing she was suddenly seized with pain in the abdomen, and died in twenty-four hours. On opening the abdomen it was found to be full of blood, arising from a rent at the left side of the fundus of the uterus.

Presented by Mr. Harvey.

Guy's Hosp. Rep., Series II., vol. iii., p. 272.



2517<sup>70</sup>. Extra-uterine foetation at the seventh to eighth week of pregnancy. Development has taken place in the left Fallopian tube. The foetus is contained in a delicate amnion, which is surrounded by its chorion. The uterus is enlarged, and its inner surface is covered with a cribriform deciduous membrane.

Case of Ann S., aged 29. She supposed herself to be about three months pregnant with her ninth child. She always enjoyed good health until the day of her death. She had been spending the day with a friend, and returned home about one o'clock in the morning the worse for liquor, when she fell down at her street door. She was carried in, complaining of severe pain in the abdomen, which lasted all day until the night, when she died, twenty-four hours after the seizure. The post-mortem examination showed a large hæmorrhage into the abdomen, arising from a ruptured sac formed in the Fallopian tube.

Presented by Mr. Babbage, January 26, 1857.

2517<sup>75</sup>. Extra-uterine foetation at about the sixth month. A large sac exists at the extremity of the left Fallopian tube, being formed in part by the tube and in part by the ovary. The greater part of the tube can be traced entire, leading to the belief that the sac is formed partly in the ovary. It contains the placenta, membranes, and foetus. The uterus is much enlarged, and covered with soft masses of lymph-like exudation, resembling deciduous membrane. The corpus luteum is in the right ovary.

Presented by Mr. Nott, Cogeshall, Essex.

2517<sup>80</sup>. Extra-uterine foetation at sixth to seventh week. Developed in the extremity of the left Fallopian tube, whose end is adherent to the ovary. The ovum which had escaped is inclosed in the chorion, and the latter has on its outer surface a flocculent exudation. The uterus is enlarged, and a cribriform deciduous membrane is seen on its interior. The corpus luteum is on the same side.

Francis Sarah P., aged 35; married, with three children, the youngest being two and a half years old. She had menstruated regularly since, and was doing so at the time of her death. On June 9, 1857, a pain which she had felt for two or three weeks in the abdomen became suddenly worse; she was collapsed, and died eighteen hours after-



wards. The post-mortem examination showed a large effusion of blood into the abdomen from a rupture of a sac in the Fallopian tube.

Presented by Mr. Marshall of Mitcham, June, 1857.

- 2517<sup>85</sup>. Extra-uterine pregnancy at a very early period. The cyst is seen at the back part of the left Fallopian tube, and is not larger than a walnut. The sac had a rent from which the ovum had escaped, and within it the chorion is seen. In the corresponding ovary is the corpus luteum. The uterus is enlarged to about three times its virgin size, its walls being proportionally thickened. The mucous membrane was in a pulpy state, extending throughout the whole internal surface. It is about a third of the thickness of the uterine walls, presenting the appearance of decidua, and the microscope showed it to consist truly of this structure. The corpus luteum in the left ovary.

E. S., aged 33, was suddenly seized with severe pain in the lower part of the abdomen on April 8, 1860. She retired to her bedroom, threw herself on the bed, and vomited. The pain soon became agonizing, she was speedily collapsed, and died in ten hours. She had been married seven months. On the first of January she aborted at the end of the second month of her first pregnancy. The catamenia afterwards returned at the usual period. She menstruated on February 26 and five following days. On the 18th March there was a slight sanguineous discharge. The day of her fatal attack being about the time for menstruation, she attributed the pain to the approach of that function. The post-mortem examination showed the abdominal cavity containing several pounds of blood, which had escaped from a rupture in the Fallopian tube. The embryo was found in the midst of a clot.

Presented by Mr. Roper of Shoreditch.

See further particulars by Dr. Hicks in Guy's Hosp. Rep., Series III., vol. vi., p. 273.

- 2517<sup>90</sup>. Interstitial pregnancy. The uterus is seen to be enlarged, and its interior lined by decidua. At the fundus is a large cyst formed within its walls; in this the foetus was contained. At its upper part a rent is seen. The cavity is about three inches in diameter, and is situated in the uterine walls adjoining the left Fallopian tube. It had distended the walls so as to appear externally, besides encroaching on the interior. The walls of the cavity

are formed of the uterine tissue, and even at the thinned part, where the peritoneum has given way, muscular fibre can be discerned. A distinct decidual membrane lined the whole interior of the uterus. The placenta existed at the upper part of the new formed cyst. In the left ovary is a corpus luteum.

Presented by Mr. Blenkarne.

See description by Dr. Hicks, Guy's Hosp. Rep., Series III., vol. vi., p. 275.

- 2517<sup>95</sup>. The parts concerned in the formation of extra-uterine foetation. The sac was probably formed in the first instance in the Fallopian tube, but at the present time this cannot be made out, as the abdominal walls, coils of intestine, &c., assist in its formation. It occupied the whole of the lower part of the abdomen, reaching from side to side, the uterus being in front and rectum behind.

Mary T., aged 32, admitted under Dr. Hicks on March 3, 1862. Dr. H. had been called to her exactly a year previous to this, when she was about four months pregnant, but suffering severely from a number of anomalous symptoms. She got better, and the abdomen increased as in ordinary pregnancy; she also felt fetal movements, &c. Subsequently, however, instead of labour coming on, the abdomen gradually diminished, the breasts became flaccid, and she had constant discharges of blood. After this, her health failing, she was again examined, when a distinct movable body could be detected in the lower part of the abdomen, and it was concluded that an extra-uterine foetation was the cause of the symptoms. She then rapidly lost flesh, and a purging of a very fetid fluid took place. On admission she was in an almost dying state, but it was thought advisable to attempt some relief. On April 2, an incision was made over the tumor, the sac opened, and a decomposing foetus removed. The woman soon sank, and on post-mortem examination it was found that a sloughing process had commenced on the left side, as if an attempt was being made to expel the foetus through the abdominal walls.

Insp. 75, 1862; and Guy's Hosp. Rep., Series III., vol. viii., p. 128.

- 2517<sup>96</sup>. The dried bones of a foetus, which were removed through the abdominal walls from an extra-uterine foetation, and also from the bladder. The bones were denuded, and separated into their foetal elements as now seen.

Mrs. H., aged 40; the mother of many children. About three years before, she applied at the hospital, as she believed she had been preg-

nant several months and passed her time. On examination a tumor was found, and it was thought that she was the subject of an extra-uterine conception. The tumor remained stationary for about a year, when she began to pass pus with her water. This continued for some months, when her health began to fail, and subsequently some foetal bones were discharged from the bladder. These symptoms continued until four years had elapsed since impregnation had taken place, when it was thought advisable to open the sac through the abdominal walls. This was done by Dr. Hicks in May, 1862, when a number of bones were found massed together. These were removed, and the wound partially closed. Subsequently urine came through the wound, and one or two more bones from the bladder, when, after a slow recovery, her health was quite restored.

Guy's Hosp. Rep., Series III., vol. viii., p. 133.

2518<sup>10</sup>. Foetal bones passed by the rectum in a case of extra-uterine foetation.

Dr. Lever.

2518<sup>15</sup>. The right upper extremity of a foetus passed by the rectum in case of extra uterine-foetation.

Dr. Lever, August 9, 1853.

2518<sup>20</sup>. Foetal bones removed from the vagina eighteen months after supposed miscarriage. The external parts were so contracted that they would only admit a small sized catheter. A crucial incision was therefore made, and the bones removed. The patient was seen in good health several years afterwards.

Dr. Lever.

2518<sup>25</sup>. Uterus, bladder with lower part of abdominal parietes, together with a large cyst, which contained a mass of foetal bones seen in the next preparation. The cyst is seen to be formed in front by the abdominal walls and bladder; behind it opens into the uterus. The anterior walls of this organ are gone, and its cavity is continuous with the adventitious sac. The bladder is very thin at one part, as if nearly perforated. The os uteri is seen below, and through it a rod is passed. From the following history it was thought that this was not a case of extra-

uterine foetation, but one where the foetus had been retained in the uterus after the usual time of gestation, a case, in fact of *missed labour*; and that subsequently the foetus had ulcerated through, and formed a new sac in the peritoneal cavity.

Mrs. C., aged 41. She had had several children and miscarriages. Again having become pregnant, and her full time having come, she was taken with labour pains and flooding. This was on June 26. A vaginal examination discovered a full-grown foetus, the head being felt through the os uteri and anterior wall. The symptoms of labour appeared at intervals, during four days, and the breasts became swollen and full of milk. After this the pains went off, and a fetid coloured discharge came from the vagina, with occasional puffs of gas. This went on for a fortnight, the bones of a decomposed foetus being easily felt. On July 17 a portion of placenta and cord were removed, and afterwards an arm detached. Subsequently to this for several weeks several other portions of the child were removed, as the ribs, part of the spine, and some bones of the other arm; the abdomen daily diminishing in size until the tumor was reduced to the size of an orange. It then became clear that ulceration of the uterine walls was going on, and that the bladder was implicated. She then began to sink rapidly, and died on 26th September, three months from the time when labour should have come on. On post-mortem examination a cyst was found, as seen in the preparation, containing a mass of bones.

See account by Dr. Oldham in the Guy's Hosp. Reps., Series II., vol. v., p. 105.

2518<sup>26</sup>. The mass of bones found in the uterine cavity of the case described above. They belong to a full grown foetus, and formed a dense compact mass. They were perfectly free from soft parts.

2518<sup>27</sup>. Some bones removed through the os uteri of the same case during life.

## PREGNANCY.

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2520. Uterus and its appendages at about the fifth week of pregnancy. The embryo was not discovered. The corpus luteum is seen in the right ovary.

Dr. Blundell and Mr. Dodd.

2520<sup>50</sup>. Uterus in early stage of pregnancy, after escape of ovum. A portion of chorion is still seen attached.

2521. Uterus and its appendages, after abortion procured by drastic medicines at an early period of pregnancy. The parts to which the ovum had been attached are very distinguishable near the termination of the right Fallopian tube.

Mary B., aged 20, under Dr. Bright in 1827. She was very ill on admission, having dropsy of the lower limbs and other parts. She had taken two ounces of a mixture containing turpentine; after which she had violent uterine hæmorrhage and irritation of the bowels. After death the viscera were said to be healthy.

3. Green Insp. Book, p. 49.

2521<sup>10</sup>. Uterus of a woman in which abortion was produced by fern.

M. A., aged 34, having at her seventh confinement a very difficult labour, and craniotomy required, determined on her eighth pregnancy to procure a miscarriage. Having read in Culpepper's Herbal that fern leaves were "injurious to pregnant women, whereby they procured abortion," she bought some at a shop, and having soaked the stems for some time in hot water, she ate the leaves. This she repeated on four separate occasions, and within twelve hours of the fourth repast she was seized with violent abdominal pain, accompanied by uterine hæmorrhage. This continued for five days without her alluding to the cause, when her friends, finding her sinking, called in Mr. Stedman of Union Street. He found her dying, with abdomen intensely painful, and with a fetid discharge from the vagina. An examination showed that recent abortion had taken place. After death a universal and intense peritonitis was found, and proceeding apparently from one of the ovaries. The uterus contained some coagula and portions of adherent placenta.



2521<sup>50</sup>. Uterus almost immediately after delivery, and wholly uncontracted. It has been inverted to show the internal surface, to which some shreds of decidua appear to be attached.

2522. Uterus a few days after delivery.

2522<sup>14</sup>. Uterus five days after delivery of a five-months' fœtus.

Martha B., aged 28, admitted with fever in 1834, when she miscarried.

4. Misc. Insp. Book, p. 49.

2522<sup>28</sup>. Uterus and appendages soon after delivery. Injected.

2522<sup>42</sup>. Uterus and its appendages after premature delivery.

Maria T., aged 38, who died in 1836, under Dr. Ashwell's care. She was seven months advanced in pregnancy, and at the same time had been the subject of carcinoma of the external genitals for a year. Premature labour was induced, but she died a week afterwards.

Drawing 392. Guy's Hosp. Rep., Series I., vol. ii., p. 247; and 9. Misc. Insp. Book, p. 158.

2522<sup>50</sup>. The uterus of a woman who was delivered by craniotomy on account of deformity of the pelvis, after a very tedious labour. The os uteri was soft and sloughy. A portion of the decidua and membranes are seen in the cavity of the uterus.

Dr. Oldham.

2522<sup>53</sup>. Portion of the cervix uteri separated during labour.

The patient, aged 23, was taken in labour with her first child, which continuing for three days, a portion of the uterus was suddenly expelled. This is seen in the preparation. The child was then removed by perforation. She died a few days afterwards of puerperal fever.

Guy's Hosp. Rep., Series II., vol. iii., p. 173.

2522<sup>56</sup>. Uterus, with the bladder and vagina, four weeks after delivery by the forceps. Injected.

Drawing 491. Dr. Ashwell.

2522<sup>60</sup>. Uterus with the fundus partially inverted after labour.

Drawing 493<sup>80</sup>. Dr. Lever.

2522<sup>70</sup>. Uterus immediately after delivery, the cavity uncontracted.

A portion of placenta is remaining, with a large clot.

Death occurred by hæmorrhage. Injected.

2522<sup>75</sup>. Uterus of a woman in whom the Cæsarian section was performed. An irregular incision of about three inches long is seen on its anterior surface.

Sarah —, aged 23, a small sickly girl, applied in September, 1850, at the hospital for advice, complaining of amenorrhœa of seven months' duration. On examination she was found to be pregnant. The lower lumbar vertebræ were deeply curved, and the promontory of the sacrum projected. She took a lodging near Guy's Hospital, as Dr. Oldham intended to produce premature labour. Whereupon, on September 23, he punctured the membranes, and a foot coming down, it was expected that delivery would take place. The limb, however, remained down until the 26th, when it was removed, and the head perforated. It was still found impossible to remove the whole of the child, and therefore the Cæsarian operation was suggested. This was accordingly undertaken by Mr. Poland. An incision was made in the linea alba, and another in the uterus of about five inches long. From the latter was removed a seven months' fœtus with the placenta. The uterus then contracted. The patient died three days afterwards of peritonitis. The uterus was found contracted, and the incision reduced to three inches in length. The pelvis is preserved in the anatomical collection.

Med. Chir. Transactions, vol. xxxiv.

2522<sup>84</sup>. Uterus a short time after delivery, with a portion of placenta retained. The patient died of hæmorrhage; 1838.

Drawing 493.

2523. Uterus a very short time after delivery. A portion of placenta appears to be retained.

2523<sup>25</sup>. Gravid uterus at the fourth month of impregnation; the process of premature expulsion is nearly completed; the fœtus is expelled, and the body of the uterus is contracted

upon the placenta; the sinuses of the uterus are seen in the section. The greater part of the placenta lies within the cervix, and a small portion of it is projecting at the os. The left ovary contains a cyst. This preparation is injected.

2523<sup>60</sup>. Uterus and appendages of a young lady who sank shortly after delivery, before the complete expulsion of the placenta, upon which the uterus has contracted. In the right ovary may be seen the spot whence the ovum appears recently to have escaped.

2523<sup>60</sup>. Uterus, fourteen days after delivery, containing portions of adherent placenta.

2523<sup>70</sup>. Uterus, fourteen days after delivery, with portions of placenta adherent. This was thought to be due to syphilis.

2523<sup>75</sup>. Uterus, eight weeks and four days after natural labour.

Sarah R., aged 24, under Dr. Back in 1831, and who died of diphtheria.

See fauces and larynx, prep. 1677<sup>25</sup>.

2. Misc. Insp. Book, p. 71.

2523<sup>80</sup>. Placenta, presenting a remarkable hollow surface caused by the pressure of a clot of blood between it and the uterus. It appears at first sight, from its thin edge, as if there had been a loss of substance, but it is merely from the pressure of coagulated blood; the surface is also seen furrowed from the moulding of the clots.

Mrs. K., aged 40. Suffered before her confinement with symptoms of loss of blood, although there was but little external hæmorrhage, and which made it appear that an internal uterine hæmorrhage might be taking place. As was expected, after the birth of the child the placenta was found nearly detached, and it is remarkable how, when so

large a part was obliterated, that the remaining portion should have been able to preserve its adhesion to the uterus.

Drawing 497<sup>5</sup>.

See Guy's Hosp. Rep., Series III., vol. ii., p. 94.

- 2523<sup>86</sup>. An organized mass composed of fibrous and cellular tissue, cartilage, integuments, hair, bloodvessels, also a nerve, attached to the margin of a placenta of a full-grown child which was delivered naturally.

Dr. Oldham.

- 2523<sup>90</sup>. Uterus after delivery, in which the placenta was retained.

A woman, aged 43, and her eleventh confinement. The funis ruptured, and death took place from hæmorrhage five hours and a half after labour. On post-mortem examination the uterus was found firm and contracted; the funis had broken three inches from its insertion in the placenta. The latter was attached by two-thirds of its surface to the upper part of the uterus. Both uterus and placenta appeared to be healthy; all other viscera healthy. There was no history of a blow or fall.

Drawing 496<sup>a</sup>.

- 2523<sup>95</sup>. Placenta of remarkable shape, arising from the unevenness of the walls of the uterus, produced by the development of fibrous tumors, which, from their pressure on the placenta in the course of its growth, turned up its edge and diminished its foetal surface.

Dr. Oldham; January, 1857.

Drawing 497<sup>11</sup>.

2524. Uterus of a woman who died undelivered, with extensive rupture of the posterior wall, through which the child has partially escaped into the abdominal cavity. The cervix is affected with malignant disease in a state of ulceration. There are numerous false membranes seen around the left ovary and tube.

- 2524<sup>5</sup>. Laceration of uterus along the right border. The child was hydrocephalic. The patient lived nine days.

- 2524<sup>10</sup>. Uterus, showing a rent in the posterior part of the cervix.
- 2524<sup>12</sup>. Uterus, showing a large rent in the side of the uterus involving the cervix and body. Coagulated blood is seen in the broad ligament.
- 2524<sup>14</sup>. Uterus, showing a rent in the posterior wall, which is seen to be much thinned. The canal of the cervix has been very greatly distended, and the os externum and internum very widely separated; about four or five inches.
- 2524<sup>16</sup>. Uterus contracted after labour, and showing a laceration at its cervix.
- 2524<sup>20</sup>. Uterus, showing a large rent in the right side.
- 2524<sup>22</sup>. Uterus immediately after delivery, wholly uncontracted, and the os dilated. A small superficial rupture is seen posteriorly on the surface, hæmorrhage from which caused death.

There is no history of the above cases of ruptured uterus; but having all occurred in Guy's Lying-in Charity, they may be safely referred to the cases given in the report, and published in the Guy's Hosp. Rep., Series III., vol. iii., p. 25; and vol. v., p. 84.



## OVUM.

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- 2524<sup>50</sup>. A mass of coagulum resulting either from abortion or false conception. It has some appearance of membrana decidua, and internally of a smoother and more serous membrane.
- 2524<sup>70</sup>. Nearly solid coagulum, about the size of a walnut, and having very much the form of an ovum. Though compact and solid it is not of uniform texture; it has no perfect cavity, and is probably not the result of conception.
- 2524<sup>60</sup>. A human ovum. The small chorion with a portion of the decidua reflexa adhering to it is seen above, and the entire decidua vera, with a round aperture in which the ovum had been situated, is suspended below.
- 2524<sup>90</sup>. An aborted ovum.
- 2524<sup>65</sup>. Blighted ovum about fourth week.
- 2525<sup>5</sup>. Human ovum expelled the twenty-first day. The chorion and amnion are distinct, but the embryo cannot be seen.
- 2525<sup>8</sup>. Human ovum of about the sixth week—entire.
- From Mr. Bryant's collection.
- 2525<sup>9</sup>. An aborted ovum; this is opened, and the foetus is seen contained in its membranes.

2525<sup>10</sup>. "Human ovum at a very early period, perhaps four or five weeks. In the amnion, not far from the umbilical cord, is a cyst of about the size of a grain of hemp, which contained a whitish fluid, and had no distinct communication with the fœtus. N.B.—It is the spot supposed by Velpeau to be the remains of the umbilical vesicle."

Dr. Hodgkin.

2525<sup>12</sup>. Human ovum, showing very well the external chorion and the fœtus within.

2525<sup>13</sup>. Blighted ovum. The patient had syphilis.

2525<sup>15</sup>. Human ovum of about five or six weeks. A small opaque spot beneath the amnion, half an inch from the origin of the cord, appears to be the remains of the umbilical vesicle.

2525<sup>20</sup>. Human ovum of about five or six weeks, showing the insertion of the cord.

2525<sup>25</sup>. Human ovum about six weeks old. The embryo hangs from its cavity by the funis. The placenta is flocculent, loose, and thin, probably in consequence of maceration. This is pretty certainly a blighted ovum.

Sarah P., aged 39. At the end of the first month of pregnancy she received a fright, followed by hæmorrhage, which lasted more or less for sixty days. It was thought that the ovum was blighted at the first-named period, but remained in the uterus.

Mr. B. Ridge. 2. Note Book, p. 23.

2525<sup>30</sup>. Blighted human ovum, containing an embryo of about the sixth week of gestation.

2525<sup>40</sup>. Human ovum of apparently about the seventh week; the chorion is matted with coagulated blood.

2525<sup>48</sup>. Human ovum of about the twelfth week, laid open.

From Mr. Bryant's catalogue.

2525<sup>45</sup>. Human ovum at early period.

2525<sup>50</sup>. Fœtus apparently in the third month.

2525<sup>58</sup>. Fœtus about the tenth week.

2525<sup>55</sup>. Fœtus about the third month.

2525<sup>60</sup>. Fœtus near the fourth month; the thorax and abdomen laid open. It appears to be of the female sex.

2525<sup>65</sup>. Human ovum contained in its membranes, between the third and fourth month; expelled shortly after violent exertion.

2525<sup>66</sup>. Human ovum about four or five months, expelled suddenly in consequence of a fall. The mother died of hæmorrhage.

2525<sup>67</sup>. Human ovum contained in its membranes.

2525<sup>70</sup>. Fœtus apparently about the fourth month.

2525<sup>73</sup>. Fœtus and placenta of about the fifth month.

2525<sup>75</sup>. Fœtus near the fifth month.

2525<sup>80</sup>. Fœtus apparently in the sixth month.

2525<sup>85</sup>. Fœtus of about the seventh month.

2525<sup>90</sup>. Fœtus apparently in the seventh month, with its membranes and placenta. The latter appears to be diseased.

2525<sup>95</sup>. Foetus about the fifth month.

2526. Human ovum at a very early period; the internal surface mammillated from extravasated blood.

2526<sup>5</sup>. An aborted ovum; there is a very large umbilical vessel to which the rudimentary foetus was attached. A mass of decidua vera is also seen.

2526<sup>8</sup>. An aborted ovum; the foetus within the amnion is coiled round, and apparently crushed by the clot behind.

2526<sup>10</sup>. An ovum destroyed by blood extravasated and coagulated around it.

2526<sup>14</sup>. Human ovum about the sixth week. This was brought to the museum unopened, except at one point; the foetus having escaped, and the cord being torn through at the little aperture so formed.

12. Green Insp. Book, p. 140.

2526<sup>28</sup>. Human ovum, with the embryo attached about the second month. It was expelled by a lady who had been married eight years, and had aborted between the second and third month for four successive periods. The present was the fifth ovum.

2526<sup>35</sup>. Human ovum, complete.

2526<sup>56</sup>. Human ovum expelled by abortion, the internal surface mammillated by extravasated blood.

2526<sup>60</sup>. The decidua uteri and chorion of an ovum of about the second month; the ovum has escaped.

2526<sup>70</sup>. Ovum laid open. The internal surface is mammillated by coagula of different colours. The blighted foetus is about

six weeks old. The ovum was retained in the uterus for nearly five months, when an abortion took place. The woman had two abortions previously.

2526<sup>75</sup>. Ovum, from a woman supposed to have been four months advanced in pregnancy. She had had syphilis.

2526<sup>84</sup>. Human ovum without the fœtus: the internal surface is mammillated by coagula, some of the vessels of the chorion are dilated into cysts; the membrana decidua in some parts very distinct. The uterine surface of the ovum diseased, and exhibiting a variety of colours.

Dr. Bright.

2527. Human ovum at a very early period, the internal surface mammillated. In the fœtal part of the placenta are numerous small pedunculated cysts.

2528. Gravid uterus laid open, to show the fœtus and its membranes at about the fourth month of pregnancy.



## PLACENTA.

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2528<sup>25</sup>. Portion of placenta, dried, to show a peculiar and almost reticular ossific deposit in its substance.

2528<sup>50</sup>. "A portion of placenta in which some strumous tubercles appear to have formed."

"Mrs. H., aged 24, was delivered of her first child in January, 1838. The child was decomposed, and thought to have been dead for several weeks. The placenta was found studded with small tubercles, about the size of a fourpenny piece. Phthisis existed in the families of both parents." There is no proof that this deposit is scrofulous, but rather inorganizable lymph or fibrin of effused blood.

Drawing 498.

Presented by Mr. Denham.

2. Note Book, p. 29.

2529. Portion of the foetal part of the placenta, to the vascular extremities of which are attached numerous pedunculated cysts; commonly called hydatid placenta.

Sir Astley Cooper.

2529<sup>24</sup>. Cystic disease of the chorion, commonly called hydatid placenta.

From a patient, aged 45, who considered herself to be in the fifth month of pregnancy. Their expulsion was accompanied by alarming hæmorrhage.

Presented by Mr. H. Greenwood, 1829.

1. Note Book, p. 152.

2529<sup>36</sup>. Another similar specimen from the same case as the preceding.

2529<sup>48</sup>. Another similar specimen from the same case as the preceding.

2529<sup>60</sup>. Vessels of the chorion, dilated so as to form a bunch of cysts intermixed with fragments of chorion and decidua. Expelled from the uterus, and forming a case of what is commonly called uterine hydatids.

Dr. Blundell.

2529<sup>72</sup>. Cystic disease of the chorion.

A young woman, supposed to be four months pregnant.

2. Note Book, p. 23.

2529<sup>84</sup>. Vesicular disease of the chorion. Also some layers of coagulum.

2529<sup>99</sup>. Cystic disease of the chorion.

2530. A fœtus, probably about the sixth month, with its placenta, which appears to be diseased; containing a considerable quantity of opaque whitish matter.

2530<sup>50</sup>. An inflamed amnion, the brick-dust colour is from the blood. The fœtus is malformed.

2530<sup>60</sup>. Knot in the umbilical cord; 1859.

2530<sup>70</sup>. Fœtus strangled by the umbilical cord. The latter is seen to be coiled several times round its neck.

## MALFORMATIONS.

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- 2539<sup>30</sup>. Fragments of cranial bones, removed from a tumor on the buttock of a still-born fœtus.

See drawing, 499<sup>50</sup>, of the child, with tumor attached.

- 2539<sup>35</sup>. A monstrous fœtus wanting the head, thorax, and arms; the abdominal cavity is very small, and appears only to contain small rudiments of the small and large intestines, and the appendix cæci. There are two well-formed kidneys. The legs and feet are distorted.

From Brookes' collection.

- 2539<sup>40</sup>. An acephalous fœtus. The body is of an oval form, with legs below and two small extremities above.

Mr. Adams, Cambridge.

- 2539<sup>50</sup>. Human ovum, showing the fœtus invested by false membrane which checked its growth. When the amnion was opened a quantity of dark-coloured fluid escaped. The fœtus was covered with a coating of red-brown material, which completely obscured the features. The limbs, also thus covered, appeared rigid and deformed. This covering could be peeled off from the face and other parts, leaving the skin beneath free. The limbs are seen in the preparation to be much distorted by the constraining influence of the false membrane.

Dr. Oldham in Guy's Hosp. Rep., Series I., vol. vi., p. 178.

2539<sup>70</sup>. Human ovum of from two to three months. The internal surface is considerably mammillated; the umbilical cord twisted and distended with blood, and the fœtus very imperfectly formed.

2540. Anencephalous fœtus about the fourth month; the palate cleft.

2540<sup>10</sup>. A malformed fœtus of about the fourth month. There is a large cleft, gaping upper lip; the hands and arms deformed and rigid. Umbilical cord closely but evenly twisted.

Dr. Oldham.

2540<sup>20</sup>. The skull of an anencephalous fœtus. It is open behind, so that the interior can be seen.

2540<sup>30</sup>. The cranium and spine of a malformed fœtus. The former is deficient in calvaria, and was no doubt quite brainless. The latter is open behind throughout its whole length.

2540<sup>47</sup>. Trunk of malformed anencephalous fœtus, showing the calvaria wanting, and the spinal column open in its whole length.

2540<sup>50</sup>. Skeleton of an anencephalous fœtus, showing deficiency of cranium of the usual kind, and the spinal column open posteriorly.

2540<sup>55</sup>. Fœtal skeleton, deformed. A large part of the cranium is wanting, and the left arm and ribs are forced against the vertebral column.

2540<sup>60</sup>. Fœtal skeleton, much deformed; a large part of the upper portion of the cranium is wanting. The left arm is deficient, on which side the ribs are pressed against the spine. The feet are also clubbed.

2541. Anencephalous foetus at nearly or quite the full period; the greater part of the brain wanting; the ears are imperfectly formed.
- 2541<sup>25</sup>. Anencephalous foetus, having a small pouch hanging from the posterior part of the head.
- 2541<sup>50</sup>. Trunk of foetus, in which the cranial bones and some of the facial are greatly deficient. The brain was very imperfect.
- 2541<sup>55</sup>. Skeleton of an anencephalous foetus, full grown.
- 2541<sup>60</sup>. Skeleton of an anencephalous foetus, also some of the bones of the face deficient; full grown.
- 2541<sup>65</sup>. Skeleton of an anencephalous foetus, with a spina bifida in the cervical region; about seventh month.
- 2541<sup>70</sup>. Skeleton of an anencephalous foetus, with spina bifida throughout. Female about six months.
- 2541<sup>75</sup>. Skeleton of an anencephalous foetus, with spina bifida throughout. Female seven months.
- 2541<sup>80</sup>. Skeleton of an anencephalous male foetus, about seven months.
- 2541<sup>85</sup>. Skeleton of a full-grown female foetus, in which the bones of the cranium are perfect but much compressed, so that the brain must have been small, and the anencephalous condition approached.
2542. Anencephalous foetus, apparently at the full period. There is considerable deficiency of bone at the upper part of the head, where there was a large protuberance containing brain substance. The forearms are deficient and the legs



deformed. The mother received a violent blow on the head at an early period of pregnancy.

Cast 56<sup>5</sup>.

2542<sup>15</sup>. Dry preparation of cranium and spine of an anencephalous fœtus, still-born at the seventh month.

Drawing 502<sup>30</sup>.

See dissection of this and other cases, by Mr. Poland in Guy's Hospital Reports, Series II., vol. v.

2542<sup>35</sup>. Fœtus scarcely arrived at the full period, with a considerable deficiency of bone at the upper and back part of the head, which is occupied by a large soft tumor, a kind of hernia of the brain. The nose is wanting, the eyes are widely separated, as are also the portions of a hare-lip which is present. Attached to the left arm, near the elbow, is a long slender, fleshy bridle, probably the consequence of accidental adhesion acquired in the early part of fœtal life. There is also deficiency of the abdominal walls, whereby the viscera protrude in a sac.

Dr. Ashwell.

2542<sup>50</sup>. The head of an anencephalous child, still-born at the full period; the calvaria and cervical arches deficient.

From Mr. Bryant's catalogue.

2542<sup>55</sup>. Anencephalous fœtus.

2542<sup>70</sup>. "A large fœtus at the full period, with great deficiency of the bones of the head, and a large soft tumor from hernia cerebri. The eyes and nose are malformed. The placenta had acquired a strong and extensive adhesion to the soft tumor on the head, and it has been pretended that this attachment formed the only connection between the fœtus and the mother, yet the remains of the ordinary umbilical cord are sufficiently evident."—From Brookes' collection. This supposed attachment of the placenta to the fœtus having been again declared to exist by recent authors, the

preparation has been removed for dissection, and the placenta is found to be attached to the head by loose cellular tissue only, or if any vessels be present they are but small. The umbilical cord exists as usual, though severed.

2543. Fœtus at maturity, with a hare-lip and very much deformed nose. The abdomen and thorax partially open.

2543<sup>16</sup>. Portion of a fœtus with double hare-lip, and an extra finger on each hand.

2545. "Lower part of the body of a child regarded as hermaphrodite, but which on dissection proved to be a male." This has again been dissected by Mr. Durham, who states that the sex is doubtful; but the organs of that character, that had the child grown, it would no doubt have been regarded as a woman. The so-called glans penis is rather a clitoris; below this is a meatus urinarius, and below this again a fissure corresponding to the vagina. At the upper part of each labium is a small body, which proved to be a testis. The vesiculæ seminales small. No ovaries nor Fallopian tubes.

See drawing in Guy's Hosp. Rep., Series III., vol. vi.

2545<sup>35</sup>. The genital organs of an imperfect male, who passed as a female. The penis is short, having a naked glans, and bound down along the median line; about an inch from the extremity is the urethra. On each side hangs the small testicle with its vas deferens. This was placed in the protuberance on the side of the penis. Vesiculæ seminales and prostate small.

Mary C., aged 56, died a few hours after admission into Guy's hospital. This individual had worn masculine attire in early life, and acted as groom, milkman, &c. For the last seven years of its (thus was the doubtful sex expressed by Dr. Hodgkin) life, it passed as a female, and lived as a barmaid at public houses. It was much addicted to drinking, and was accustomed to pugilistic encounters. The body after death partook of neither masculine nor feminine characters. There were a few hairs on the chin, and breasts were large for a man.

Preparation of mammæ 2431<sup>50</sup>. Casts 171 and 172.

8. Green Insp. Book, p. 85.

2545<sup>70</sup>. Imperfectly developed male organs. There is a small glans fissured on the surface for the urethra, which runs back as a rugous canal to the bladder. At the back are seen the vesiculæ seminales and prostate. The testes are of some size, but have never been external, forming mere protuberances on each side of the penis.

From the Dissecting Room.

2546<sup>15</sup>. Portion of a skeleton of a fœtus, showing deficiency of the ossa pubis; there is also spina bifida, and union of some of the ribs. See next preparation.

2546<sup>16</sup>. Portion of the abdominal walls, showing ectropia vesicæ. The anterior part of the bladder is deficient, and the ureters are exposed. From same case as preceding preparation.

2546<sup>35</sup>. A portion of a fœtus, having a single lower extremity, which consists of a much contracted pelvis, and a chain of three bones; the first resembles a femur, the second a patella, and the third a tibia; but its lower end is fusiform. The upper parts were quite natural.

Injected and dissected.

2546<sup>40</sup>. Section of a congenital growth, removed from the lower part of the abdomen of a child. It is principally composed of fat, but running through its middle is a long bone, somewhat resembling that of the leg. At the end is a piece of cartilage, tapering to a point. At the cut extremity is also a piece of cartilage, and surrounding the bone is a dense fascia. The rest of the growth is made up of fat. There was no other tissue present.

Thomas M'M., aged seven weeks, admitted into the hospital under Mr. Cock, April 30, 1856. Growing from the lower part of the abdomen was a projection like a third deformed leg. When it was removed, a hard substance was felt in the abdomen to which it had been attached. The child left well in three weeks. The growth was supposed to be the remains of another ovum.

See drawings, before and after removal, 501<sup>60</sup> and <sup>61</sup>.

- 2546<sup>50</sup>. A congenital growth removed from the buttock of a child and styled a tail. It is of conical shape, and between three and four inches long. It was said to be muscular, but nothing now can be discerned in it but cellular tissue, fat, and integument.

Mrs. R., aged 50, a very excitable and sensitive woman. She had had four children, one of whom was said to have been web-footed, owing to the mother having some favourite ducks. The fifth child was born in February, 1842; it was well grown, but said to have a tail. This was a conical body, growing from over the last lumbar vertebra as seen in the specimen. Its end was curled up, and it was said was readily excited to move when it was touched; the nurse, moreover, said it curled itself round her finger. It appeared to be attached to the integument only, having no connection with the vertebræ, which were continued on to the sacrum and coccyx as usual. A fortnight after birth a ligature was applied, and in a few days the growth dropped off. The child thrived, but when a year old it could not stand, being only able to crawl about. When four years old it could only stand upright for a moment, the feet also being inverted and the bladder paralyzed. Subsequently the tendons of the feet were divided, and the child was able to walk about on crutches. An examination of the back at that period showed the spinal column quite continuous to the sacrum, and not open at any part. The cicatrix was surrounded by a fatty substance. The mother attributed the malformation to her constantly feeding one of a litter of pigs. This little pig had a mode of curling its tail which so excited the mother's notice that she often alluded to it.

Presented by Mr. B. Owen of Finchingfield.

New vol. iii., p. 158.

2547. Two male fœtuses, apparently at or near the full period. They are united by a considerable part of their bellies and chests, and have a common umbilical cord.
- 2547<sup>5</sup>. Two male fœtuses united together throughout their whole length above the umbilicus, the neck and head amalgamated in one mass, so that a perfect face appears on one side, being made up of half a face of each, the ears also belonging to each fœtus. On the opposite side the union is more complete, no features being visible except the ears, which are brought into close contact, and form a kind of concha for a single meatus. The dissected viscera are seen in the next preparation.



2547<sup>6</sup>. The abdominal and thoracic viscera, together with blood-vessels, dissected out of the last preparation. There is a single trachea, which enters a pair of lungs on either side. One pericardium contains two hearts, each consisting of an auricle and ventricle, the auricle receiving the blood from the pulmonary veins and *venæ cavæ*. The ventricle gives off a common trunk, consisting of the pulmonary artery and aorta. The two aortæ are also united together by a transverse tube. There are two distinct livers, and two separate inferior cavæ. Each fœtus has its own kidneys, bladder, &c.

See description by Mr. Poland, *Guy's Hosp. Rep.*, Series II., vol. vi.

2547<sup>10</sup>. Skeleton of a double fœtus, which, when perfect, presented the appearance seen in 2547. It is seen that the two are not simply united by the anterior surface of the sternum and otherwise distinct, but that the two thoracic cavities are fused into one. The sternum of each is (as it were) divided in the median line, and spread out laterally, and united with the opposite half of each other's sternum. From this results two lateral sternums common to the two fœtuses, and one large thoracic cavity common to both. The viscera are seen in the next specimen.

2547<sup>11</sup>. The abdominal and thoracic viscera from the preceding case. The lungs and trachea are natural, but where the chests are united a fusion of the central organs has taken place, the two hearts being amalgamated into one. The right and left auricle of each fœtus form one vast common cavity, with merely the remains of the imperfect septum at place of union. The right ventricle of one fœtus is large, that of the other is smaller, and forms a common cavity with its own left ventricle, from which is opening a large aorta. The left ventricle of one is small, and gives off a narrow aorta, which unites with the right ventricle of the left fœtus. That of the other fœtus is large, and communicates with the left ventricle of the right fœtus. The liver, which appears as one mass, is really made up of two, with two gall bladders united in the central axis.



There are two distinct digestive systems, the organs being quite distinct throughout. There is one large umbilical vein. It will be seen that there is no direct supply of maternal blood to one foetus, but this is derived from the heart of the other. The pulmonary veins of the right foetus enter the auricle as usual, but those of the left form a trunk which passes to the liver.

Guy's Hosp. Rep., Series II., vol. vi.

2547<sup>20</sup>. Two female foetuses united together by their bodies and heads, amalgamated into one like the specimen 2547<sup>5</sup>. A perfect face is formed on one side by united halves of the two, but on the other they are more amalgamated; there is a double ear in the median line, a rudimentary mouth, and a single eye. For the latter reason this variety of monster has been styled cyclops.

2547<sup>21</sup>. The viscera from the above specimen. There is a trachea on each side passing to two pairs of lungs. There are two hearts, the ventricles of which communicate and give off pulmonary arteries and aorta, which soon join, and the common trunks of which unite to form one large aorta. On the right side there is also a smaller aorta given off. There are two distinct livers. At the back is seen the digestive apparatus. There is a pharynx opening into two mouths, but only a single oesophagus, which passed to a single stomach, and so on to small and large intestines. The other alimentary canal is very imperfect.

Description by Dr. Habershon, Guy's Hosp. Rep., Series III., vol. iii.

2548. A monster formerly described as a child with two heads. A slight dissection, however, has shown that it consists of two foetuses amalgamated, although there are but two arms and two legs. The front of the body, which is laid open, exposes two hearts, but the livers are amalgamated into one. Posteriorly, also, there will be seen two distinct spinal columns, although these run together below and are united by transverse processes.

2551<sup>42</sup>. Fœtus at or near the full period, in which the abdomen was distended by a large sac containing fluid, and which appears to be the urinary bladder. The kidneys were expanded and compressed upon its surface, and widely separated from each other and from the capsulæ renales and testes, which were likewise extended up on the parietes of the sac. The vasa deferentia were very distinct, but extremely delicate and tortuous. No communication was discovered between the kidneys (which had lost their glandular character) and the interior of the sac, which consequently appears to have been filled by its own secretion. The intestinal canal appears to terminate without reaching the anus. See drawing 501.

Dissected by Mr. Cock.

2551<sup>47</sup>. Ascites in a fœtus about the fifth month; the bladder distended and ruptured, and urethra imperforate. When recent the bladder held about half a pint of water; it reached into the prostate, and there terminated. At the back part of the bladder was a small ruptured opening. Kidneys and ureters pretty natural. The abdomen contained inflammatory lymph and serum.

The mother was aged 27, and did not know she was pregnant, but had been very ill for several months, and had, it was said, peritonitis. The fœtus was born dead, with a large belly.

See account by Mr. T. W. King, Guy's Hosp. Rep., Series I., vol. ii.

2551<sup>50</sup>. A dry preparation of a fœtus, injected, affected with hydrocephalus and spina bifida. The ossification of the bones of the head very incomplete, and the portions of the os frontis remarkably cribriform.

2551<sup>52</sup>. Dry preparation of a fœtus affected with hydrocephalus and spina bifida.

2551<sup>54</sup>. A monstrous fœtus which has not been dissected, but appears to present the following peculiarities:—A small sac in the lumbar region connected no doubt with spina

bifida. Above this is a large sac involving the head, neck, and back, as if the posterior part of the head was continued downwards to the back. Probably there is a deficiency of the calvaria and posterior walls of the spine, by which a general cavity is formed. The bowels are also seen protruding in front through a deficiency in the abdominal walls on the left side.

2551<sup>63</sup>. Fœtus at the full period affected with hydrocephalus, which occasioned a lingering and fatal delivery.

Mrs. C., aged 36. After a lingering labour and abnormal presentation, the child was born with the exception of the head. For several hours uterine contractions continued, with ineffectual efforts to expel it. Dr. Ashwell, by altering the position of the head, was able to extract it. The mother died two days afterwards.

9. Green Insp. Book, p. 16.

2551<sup>72</sup>. The head and spine of a fœtus. The former has been affected with hydrocephalus, the latter with spina bifida.

2551<sup>80</sup>. Fœtus affected by a considerable skin disease, which has entitled it to the designation of "harlequin fœtus." It has also been styled "skin bound," and the disease "congenital ichthyosis."

It is a female of moderate size, and covered in all parts by deep fissures in the skin, as if the latter had been forcibly torn, or as if the integuments ceasing to grow, the fœtus had everywhere endeavoured to burst through its bonds. These fissures are more numerous in front than behind, and they have a general tendency to run in the horizontal direction around the body. This is more especially seen in the abdomen. On the chest they run in various directions and produce lozenge-shaped spaces. On the extremities their tendency is transverse or around the limbs. At those parts where the body or extremities are bent on themselves there are fissures which follow the direction which would naturally result from stretching. The face is fissured in all directions, and on the head they mostly pass from back to front. On each side of the body the transverse lines are intersected by wide longitudinal ones. All the fissures appear as if caused by forcible stretching. In some parts the cuticle is merely affected, but in most places the true skin also; and here the fibres can be seen passing from one side of the gap to the other as if they had been pulled asunder. In one or two spots the appearance is presented of the cutis having been once destroyed

and a new formation taken its place. Most of the fissures are about an eighth of an inch in width. The eyes appear perfect. The eyelid fixed back to forehead, so that the conjunctival surface is exposed. There are no eyelashes. The nose not much altered. The mouth kept open by the rigidity of the skin, around which it is as hard as cartilage, and forms a complete rim around it. No external ears. Hair on the head. Fingers and toes perfect, but drawn together by contraction of the skin.

Drawing 498<sup>55</sup>.

- 2551<sup>85</sup>. A similar specimen of "harlequin" foetus to the preceding. The child, a male, apparently about seven months, and not presenting so many fissures on the body, but these are broader and the face is more distorted. The mouth is open from contraction of the skin, which forms a hard cartilaginous rim around it, and the gums are thus exposed. The eyes are protruding, and the eyelids fixed back and conjunctiva exposed. The external ears are wanting, there being merely thick protuberances in their place, and the nose is flattened. On the forehead are two thick tufts of epidermis, which approach somewhat to an ichthyotic condition, and here and there slight elevations of a horny material.

Drawing 498<sup>56</sup>.

- 2551<sup>90</sup>. A female foetus affected with a similar disease to the above. In this case the lines are very broad and run in a parallel direction, thus presenting less of the harlequin appearance. The marks across the body are very broad, and on the head there is a remarkable one running vertically along the course of the sagittal suture, and terminating by a curve over each eye. The back of the foetus is but slightly fissured; the eyelids are drawn down and appear devoid of cuticle; the nose is flattened. The mouth is surrounded by a hard rim of integument, as in the other cases. There are no ears. The fingers are much thickened.

Drawing 498<sup>57</sup>.

Presented by Mr. Scarr of Bishop Stortford.

(The above three specimens of "harlequin foetus" have no history or description attached to them. They have also been opened, and thus no account can be given of the state of the viscera.—S. W.)



2552. A foetus affected with small-pox, which appeared to have occasioned its death some time before delivery. The mother was affected with the disease during her pregnancy; and from the appearance of the foetus, and the time up to which it was ascertained to have lived, it was evident that the small-pox had affected the mother a considerable time before it had the foetus.

Hannah H., aged 26, became the subject of small-pox during the period of her second pregnancy, on 28th August, 1805, when she had reached the fifth month. On September 2nd she became a patient at the General Dispensary, Aldersgate Street; she was then covered with pustules on all parts of the body. During desquamation and convalescence she felt the movements of the child, but from that period until the beginning of October she no longer perceived it. On October 28th she was delivered of a child, which was thought to be about six months' development, and dead some time. The cuticle came off, and several distinct pustules with central depressions were seen. Placenta not examined

Dr. James Laird.

Old Museum Book, No. 52.

- 2552<sup>50</sup>. Foetus, in which dislocation of the humerus appears to have taken place before birth, and to have produced considerable distortion of the thorax and scapula.

Presented by Mr. Ware.

2553. Foetus about six or seventh month, which appears to have lost its vitality a considerable time before its delivery.

- 2553<sup>10</sup>. Foetus, which appears to have died or ceased to grow a considerable time before expulsion.

- 2553<sup>15</sup>. Twin conception, delivery about the fourth month. One foetus perfectly developed, the other blighted.

- 2553<sup>20</sup>. A blighted foetus, apparently about the fifth month, retained in the uterus eight months from the time at which death is supposed to have taken place.



A woman, aged 28, in good health, and mother of seven children. She conceived in July, 1828; in October she quickened, increased in size, and felt the motions of the child until January, when they ceased and never returned. She then began to decrease in size, and only felt the sensation of a lump in the abdomen; her health remained good. On August 19, 1829, she was seized with great pain, and shortly after was delivered of a male foetus followed by the placenta. It measured nine to ten inches in length, and weighed six ounces; it was shrivelled and looked very much like tanned leather, and without any foetus. It probably thus died in the fifth month as was thought.

Presented by Mr. P. Cullen of Sheerness.

1. Note Book, p. 162.

2553<sup>80</sup>. Twin foetus of about fourth to fifth month of pregnancy. One is fully developed, the other is blighted and not larger than a foetus of the fourth week.

Sarah S., aged 39, attended by a gentleman from the Lying-in Charity, February 14, 1856. She had had eight children.

2553<sup>40</sup>. Blighted ovum retained in the uterus eleven months after conception. It appeared to be much decayed. Placenta accompanying it.

Mr. Hatfull of Deptford.

2553<sup>60</sup>. Foetus with its membranes, apparently about six months of age. It appears to have died in utero, and to have been retained there probably some months.

Dr. Lever.

## PERITONEUM.

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- 2434<sup>28</sup>. Portion of a small intestine, showing the vessels of the peritoneal coat considerably injected from recent inflammation.

Eliza R., aged 23, who died under Mr. Key's care in 1829, from peritonitis, having had erysipelas following the operation of fistula in ano.

1. Misc. Insp. Book, p. 117.

- 2434<sup>35</sup>. This is an old preparation described as a portion of intestine affected with acute peritonitis, and its vessels artificially injected.

- 2434<sup>40</sup>. Loose cellular sac, and long shreds of recently coagulated lymph from the serum of abdominal cavity.

W. A., aged 40, a patient of Dr. Bright's, who died with hydatid in liver, &c. See preparations 1947<sup>14, 28, 42</sup>, and hydatid cyst in meso-colon 2473<sup>50</sup>; also next preparation, and drawing 503.

9. Green Insp. Book, p. 121.

- 2434<sup>56</sup>. Films of recently coagulated lymph from the abdomen, separated spontaneously from the serum after its removal from the body.

From same case as last preparation, 2434<sup>40</sup>.

- 2434<sup>68</sup>. This is an old preparation, described as a mass of unorganized substance found in the abdomen. It is probably the fibrinous remains of an old coagulum of blood.

- 2434<sup>70</sup>. Portion of peritoneum from the parietes of the abdomen, with a clot of coagulated blood situated between a thin false membrane which covers the peritoneum.

From W. F., a patient of Dr. Bright's, who laboured under dropsy for eight months. Paracentesis was performed two days before his death, and thirty-two pints of clear serum were drawn off. See preparation of liver, 1906<sup>50</sup>.

2434<sup>77</sup>. Portion of the parietes of the abdomen, with a considerable clot of blood situated, as in the preceding specimen, between the peritoneum and a recent false membrane; but the clot is more considerable and more recent.

From same case as preceding preparation, 2434<sup>70</sup>.

2434<sup>80</sup>. Recent coagulum of blood, attached to the internal surface of the abdominal parietes of a man who had been tapped some short time before. It is covered by a smooth shining membrane which appears to be peritoneum.

Thos. H., aged 48, under Dr. Addison for disease of liver and spleen, and dropsy. See preparation of cirrhosis of liver, 1913<sup>15</sup>.

Insp. 58, 1857.

2434<sup>81</sup>. Portion of parietal peritoneum, covered by inflammatory false membrane and coagulated blood.

J. W., aged 48, under Dr. Bright in 1834 for renal dropsy.

6. Misc. Insp., p. 51.

2434<sup>81</sup>. A similar preparation to the preceding (2434<sup>81</sup>) from same case.

2435. "Recently-formed thin false membrane from the surface of the liver; it appears to be of the plastic and organizable form."

Old Museum Book, No. 175.

2436. Portion of peritoneum with recent false membrane, from a patient affected with ascites.

2438. Liver and part of the colon, united by very partial peritoneal inflammation, from a child.

2438<sup>80</sup>. Portion of colon attached to the ribs by old peritoneal adhesions. This is a very old preparation, and was thought to be caused by a gunshot wound. The appearance of the integuments favours this view, as it is marked by indentations and cicatrices.

2439. Fundus of the bladder and small intestines, united together by peritoneal inflammation. The patient had retention of urine, and ten and a half pints were withdrawn.

Mr. T. Callaway, sen.

- 2439<sup>10</sup>. Portions of diaphragm, liver, and spleen, glued together by adjacent peritoneal surfaces, with very little adventitious matter.

From a woman who died of cancerous disease of the peritoneum. See preparation 2469<sup>42</sup>; also pleura similarly affected, 1778<sup>32</sup>; and ovaries, 2289<sup>14</sup>.

- 2439<sup>20</sup>. Liver, spleen, stomach, and diaphragm, united by peritoneal adhesions.

Case of Sarah V., aged 35, under Dr. Bright in 1827, affected with anasarca and phthisis. The kidneys were also diseased. See preparation of lung, 1742.

5. Green Insp. Book, p. 46.

- 2439<sup>30</sup>. Part of the spleen, liver, stomach, and diaphragm united by firm peritoneal adhesions. There are also numerous pedunculated cysts, formed by a delicate false membrane which appears to have protruded through the bridles of older adhesions by the serous secretions beneath it.

Maria B., aged 40, under Dr. Bright in 1829 for ascites, and for which she had been tapped. The liver was described as granular.

9. Green Insp. Book, p. 30.

- 2439<sup>45</sup>. Vascular cellular adhesions from the peritoneum in an early stage of formation. Injected and dried.

- 2439<sup>50</sup>. Portions of liver and diaphragm, showing peritoneal adhesions in the form of cords of a remarkable length, and also lengthening of the serous membranes. The liver is granular. Partially injected.

- 2439<sup>60</sup>. "Portions of liver, bowels and stomach, omentum and diaphragm, with adhesions and thickening of the serous

membrane of old standing. The liver is indurated by the undue production of cellular membrane. The injection renders the condition of these parts more manifest." Cirrhosis?

Eliza C., aged 45, under Dr. Back in 1835. Preparation of capsule of liver, 2452<sup>85</sup>; and appendix epiploica, 2441<sup>15</sup>.

12. Green Insp. Book, p. 136.

2439<sup>70</sup>. Colon and omentum firmly united together, and the latter converted into a thick hard substance from chronic inflammation.

J. R., aged 46, under Dr. Bright in 1836 for hepatic ascites.

8. Misc. Insp. Book, p. 143.

2440. Numerous long filamentous adhesions attaching the diaphragm to the convex surface of the liver, which is generally indurated.

E. S., under Dr. Bright in 1826, for chronic peritonitis, with copious effusion. Preparation of uterus, 2252.

1. Green Insp. Book, p. 1.

2440<sup>20</sup>. Very firm old adhesions of small intestine to the abdominal parietes.

Elizabeth H., aged 31, under Dr. Cholmeley in 1835 for ascites, diseased kidneys, and adherent pericardium.

9. Misc. Insp. Book, p. 57.

2440<sup>40</sup>. Convolutions of small intestines, with two or three remarkable long bridges of peritoneal adhesions, which had probably interfered with the peristaltic action of the intestines, and given rise to symptoms resembling those of strangulated hernia.

Wm. H., aged 45, admitted under Dr. Addison in 1829, with constipation, stercoraceous vomiting, and other symptoms of strangulated bowel. He also had pulmonary disease, which appeared to be the more immediate cause of his death.

8. Green Insp. Book, p. 154.



- 2440<sup>60</sup>. Portion of a corrugated omentum, with a remarkably long and filamentous bridle proceeding from the false membrane which covers it.

Jas. B., aged 26, under Dr. Back in 1831, for renal dropsy. Preparation of kidneys, 2037<sup>50</sup>; and of appendix cæci, 1879<sup>80</sup>.

2. Misc. Insp. Book, p. 39.

- 2440<sup>80</sup>. Portion of peritoneum from the lower part of the parietes. It is covered with an irregular honey-combed false membrane, to which are attached some slender filamentous bridles, one of which is discoloured and distended with blood, producing an appearance somewhat like a small varicose vein.

Elizabeth R., aged 56, admitted into hospital with disease of uterus and ascites. The liver contained cancer. See preparation, 1922<sup>12</sup>; preparation of uterus, 2278<sup>80</sup>.

11. Green Insp. Book, p. 129.

2441. A small round body attached by long filamentous peduncles to the peritoneal coat of the small intestines.

Dr. Burne.

- 2441<sup>5</sup>. A loose body about the size and shape of a horse-bean, found in the cavity of the peritoneum. The surface is smooth, and composed of a thick capsule; the interior of a soft cretaceous or earthy material.

Elizabeth S., aged 40, who died of cancer of the breast, under Mr. Birkett's care in July, 1855.

Insp. 132; 1855.

- 2441<sup>10</sup>. In this bottle are contained specimens from two different patients—the upper from one, and the lower from another. The former is a body about the size of a nut, consisting of a cartilaginous circumference, and a yellow cretaceous interior. It was found quite unattached, and lying in the greater omentum. The two latter small rounded bodies are about the size of peas; they are very hard, and were found lying loose in the pelvis of a female.

The upper specimen from John S., aged 33. See preparation of colour, 1868<sup>25</sup>; and

7. Green Insp. Book, p. 72.

The lower specimens from Elizabeth S., aged 50. See preparation of brain, 1584<sup>50</sup>; and

7. Green Insp. Book, p. 99.

- 2441<sup>15</sup>. A portion of large intestine, showing a little body attached by a slender peduncle to the peritoneal surface. It is apparently an appendix epiploica in process of strangulation.

From same case as preparation 2439<sup>60</sup>.

- 2441<sup>20</sup>. A loose oval body about the size of a bean, removed from the peritoneal cavity. The surface is smooth and hard; the interior gritty.

- 2441<sup>25</sup>. A portion of large intestine, having attached some appendices epiploicæ of a rounded shape, and becoming pedunculated.

- 2441<sup>30</sup>. Preparation showing a loose body from the peritoneum; also two other bodies attached to the peritoneum. These were found by Dr. Burton Brown in the dissecting room, and placed together in illustration of the formation of such bodies from the appendices epiploicæ. He thus described them: one was composed of soft yellow matter, crossed by harder whitish bands connected with the capsules. The latter was tough, and composed of dense areolar tissue; the interior of looser structure, containing vessels and fat cells. Another attached to the colon was evidently a changed appendix, consisting of a firm fibrous coat, and an interior composed of granular and earthy matter.

- 2441<sup>35</sup>. A rounded body attached by a slender peduncle to the peritoneum.

2442. Small rounded bodies, attached by long filamentous peduncles to the peritoneal coat of the colon.

From C. S., under Mr. Morgan in 1825.

1. Green Insp. Book, p. 65.

2442<sup>25</sup>. A portion of large intestine, showing some appendices epiploicæ in process of strangulation, or becoming pedunculated.

2442<sup>50</sup>. Portion of the diaphragm, with a peritoneal covering, to which is attached by a short but broad base, a round flattened body, in size, figure, and colour somewhat resembling a large lupin seed. It pressed upon the liver, which was indented to receive it. In its character it closely resembles the cartilaginous bodies attached to the liver, in preparations 1939 and 1940.

From Mary Ann S., aged 30, under Dr. Cholmeley in 1831.

2. Misc. Insp. Book, p. 53.

2442<sup>55</sup>. A round hard cartilaginous body found in the pelvis, about the size of a billiard ball, and composed of a number of concentric thin layers of tough fibrous tissue. The centre contains some cretaceous matter. It was slightly attached to the bladder by some areolar tissue.

Henry G., aged 60, under Dr. Rees for carcinoma of the liver.

Insp. 143; 1862.

2442<sup>60</sup>. A portion of diaphragm, having attached to it a hard oval cartilaginous body.

From Richard C., aged 54, who died of cancer of the tongue in 1845.

Misc. Insp. Book, vol. xx., p. 191.

2443. Intestine strangulated within the abdomen by peritoneal adhesions. The patient had all the symptoms of strangulated hernia. The ileum and jejunum were adherent to the parietes. No history.

2444. Intestine strangulated by a band or bridle, formed by peritoneal inflammation, and attached to the fundus of the uterus. No history.

2444<sup>50</sup>. Portion of small intestine partially strangulated by peritoneal adhesions, by which it is likewise attached to the omentum.

Mary B., aged 40, under Dr. Cholmeley in 1828. She was an intemperate woman, had frequent vomiting, but no constipation; the urine

was coagulable. After death granular kidneys were found, and thus death probably arose from renal disease.

1. Misc. Insp. Book, p. 19.

2445. A false membrane stretched between two folds of mesentery, the edge thickened, and containing a canal communicating with two small elevations situated between the peritoneal and muscular coats of two opposed portions of intestine, and containing a yellow, thick, cream-like substance.

Wm. T., under Dr. Black in 1826, for tubercular disease in various organs. See preparation of testis, 2367.

1. Green Insp. Book, p. 11.

2446. Portions of small and large intestines, united together by a false membrane formed on the peritoneal coat, and exhibiting numerous perforations caused by ulceration proceeding from without inwards; also the uterus imperfectly contracted after delivery, and covered by an extension of the before-mentioned false membrane. Fæces escaped, but were confined to a large cavity circumscribed by adhesion.

Case of H. P., aged 30, under Dr. Cholmeley in 1827. The only history given is that she miscarried a week before her death; but it is evident that the abdominal disease must have been of longer standing.

2. Green Insp. Book, p. 47.

- 2446<sup>13</sup>. Portion of peritoneal abscess, containing a portion of the ileum, which is divided in three places; showing very characteristically the form which a divided bowel assumes by the eversion of the mucous membrane. The latter protruding, producing a rounded end, with the opening of the canal in the middle, resembling somewhat the appearance of a rosebud.

James H., aged 10, had suffered six months with tuberculous disease of the peritoneum; and on post-mortem examination the intestines were found united together, and at lower part of abdomen a faecal abscess, into which protruded four truncated ends of intestine. The mucous membrane was found healthy, showing that the destruction of the intestine had proceeded from without to within. Drawing, 455<sup>50</sup>.

17 Misc. Insp. Book, p. 206.

2446<sup>50</sup>. Convolutions of small intestines firmly united amongst themselves and to the parietes by chronic peritonitis, which appears to have been excited as a sequel to tubercular deposit, and ulceration of the mucous membrane. There is an artificial anus where the intestines are adherent to the parietes.

Girl aged six years, in hospital in 1829. She had had an affection of the abdomen for about a year, with sickness and wasting. Some months before her death a circumscribed swelling came near the umbilicus. This subsequently broke, and faecal matter escaped, producing the artificial anus seen in the preparation. Preparation of Fallopian tube, 2251<sup>20</sup>.

8. Green Insp. Book, p. 50.

2447<sup>50</sup>. A portion of diaphragm, the serous membrane of which is coated very unequally with a recent fibrinous deposit.

2448. Layer of effused lymph on the peritoneal coat of a portion of small intestine. It contains numerous opaque spots, and appears to be very imperfectly organizable.

2449<sup>20</sup>. "Uterus with its appendages. The recto-vaginal pouch contains two tubercles, which are bound by adhesions to the peritoneal covering of the uterus. They are concrete inflammatory sediments. From a patient of J. Morgan, Esq., in Patience ward."

2449<sup>40</sup>. Portion of intestine, with the uterus united by adhesions, from a case of general peritonitis, but where the focus of the disease was in the pelvis. Here all the organs were attached together, and a pouch existed behind the uterus, connected by a sinus with the rectum. The appendix cæci contained a calculus. This, on analysis by Dr. Rees, was found to consist principally of fat, with phosphate and carbonate of lime.

Rhoda W., aged 21, under Dr. Addison in 1834. She was a single woman, and had suffered from abdominal pain and severe illness for several weeks.

5. Misc. Insp. Book, p. 68.



- 2449<sup>80</sup>. Portion of a large peritoneal abscess formed between the liver and diaphragm and transversalis muscle, probably originating in the ascending colon, with the canal of which there is a narrow communication.

John F., aged 14, admitted under Dr. Back in 1834, for enlargement of the right side and pneumonia. After death, besides the appearances above described, it is stated that the appendix cæci was found long, and ascending directly to the posterior inferior part of the abscess. The end was ulcerated, and surrounded by an opening into a little suppurating sloughy cavity, which communicated with, or formed part of, the great cavity. Here was probably the primary mischief.

4. Misc. Insp. Book, p. 135.

2450. Portion of intestine glued together by a thick adventitious membrane, in which numerous small white opaque bodies, apparently tuberculous, are deposited. This adventitious membrane presented a smooth unattached surface to the anterior parietes, and concealed the intestines, which it inextricably united.

Case of Elizabeth S. See also preparation of intestine, 1846.

Red Insp. Book, p. 222.

- 2450<sup>20</sup>. Abscess in lesser omentum, and disease of the pancreas. Between the stomach and colon is the large sac of an abscess, and at the bottom a large mass of sloughing pancreas.

James P., aged 60, under Dr. Habershon; had been labouring under obscure abdominal symptoms for four years. On post-mortem examination, peritonitis was found, from the rupture of a large sac which was seen projecting beneath the colon. It was supposed that the disease had begun in pancreas or its neighbourhood.

Insp. 129; 1861.

2451. Portion of peritoneum covered with false membrane, thickly sprinkled with particles of opaque inorganizable matter.

- 2451<sup>50</sup>. Portion of liver, with a pretty uniform adventitious layer, the product of old inflammation.

- 2451<sup>75</sup>. Central portion of diaphragm covered with inflammatory and ossific deposit.

2452. Portion of granulated liver, the peritoneal covering of which is thick and semi-cartilaginous, and presents a worm-eaten appearance.

2452<sup>35</sup>. Portion of liver injected, showing an adventitious tunic.

From same case as 2439<sup>60</sup>.

2452<sup>40</sup>. Dense fibrous tissue in omentum, as result of chronic peritonitis.

Wm. M., aged 64, under Dr. Addison in 1854.

Record of Insp., No. 86, 1854.

2452<sup>70</sup>. Portion of spleen covered by an adventitious tunic.

2453. Spleen, the peritoneal coat of which is extremely thick and semi-cartilaginous, and presents a worm-eaten appearance. Supposed to have been from the same subject as 2452.

2453<sup>75</sup>. Portion of a bladder, with the peritoneum anterior to it, remarkably thickened and indurated; apparently chiefly in consequence of deposit on the attached surface.

2454. Portion of the convex surface of the liver and of the diaphragm corresponding to it; showing the peritoneum covered with minute scabrous elevations.

Case of H. F. H., who had cirrhosis of liver and peritonitis.

6. Green Insp. Book, p. 14.

2455. Several convolutions of small intestines, showing the mesentery thickened and shortened, drawing up the intestine towards the spine. This appears to be partly the effect of the contraction of false membrane covering it, and partly of that of the cellular membrane between the layers.

2455<sup>50</sup>. Several convolutions of intestine, united by peritoneal adhesions, and drawn together into a compact mass by the contraction of the mesentery. The mucous membrane to a great extent detached from the muscular coat.

Sarah J., aged 31, under Dr. Back in 1839.

8. Green Insp. Book, p. 24.

2455<sup>60</sup>. Omentum reduced to extremely small size, and folded together under a contracted false membrane.

From same case as preceding.

2456. The omentum corrugated into the form of a thick solid mass, in which there seems to be a considerable deposit of inorganizable matter, apparently tubercular.

John W., aged 15, who died of phthisis under Dr. Cholmeley in 1827. He had a deficiency in the walls of the chest. See preparation, 1044; and cast, 54; and lung preparation, 1771.

4. Green Insp. Book, p. 120.

2456<sup>28</sup>. Stomach and colon, with a portion of the omentum folded up and corrugated beneath a false membrane which closely invests it, the result of chronic peritonitis.

Wm. B., aged 45, under Dr. Back in 1831.

10. Green Insp. Book, p. 166.

2456<sup>56</sup>. A considerable portion of the colon, showing a very inordinate increase of the subperitoneal fat, forming the appendix epiploica.

From a man, 50 years of age, who had been bedridden for five years from paraplegia. All his organs had undergone fatty degeneration. Preparation of bladder, 2089<sup>25</sup>; and tumor from eyelid, 1668<sup>32</sup>.

Mr. Hilton. 1. Note-Book, p. 146.

2456<sup>84</sup>. A portion of small intestine, with a partial deposit beneath the peritoneal coat. This little defined body of about the size of a nut had a minutely lobulated character, giving it somewhat the appearance of a gland. This has now fallen off.

2457. Portion of peritoneum covered with small scrofulous tubercles, from a patient of Dr. Back's affected with dropsy.

2457<sup>50</sup>. Portion of the abdominal parietes, showing subperitoneal scrofulous tubercles.

From a young lady, aged 12, a patient of Dr. Addison, who died with tubercular arachnitis. See prep. of lung, 1778.

1. Misc. Insp. Book, 150.

2458. Stomach, with numerous scrofulous tubercles on its peritoneal coat. From a boy affected with dropsy.

2458<sup>25</sup>. Portion of intestine, showing a patch of tubercles on the peritoneum, corresponding to a large ulcer on the mucous surface.

2458<sup>30</sup>. Portion of omentum occupied by miliary tubercles.

Samuel P., aged 40, who died of phthisis under Dr. Pavy.

Insp. 58; 1860.

2458<sup>50</sup>. Portion of small intestine and mesentery, with small scrofulous tubercles immediately under the peritoneum. An injected preparation.

2458<sup>75</sup>. Incipient carcinomatous tumors beneath the peritoneum of the bladder and abdominal wall.

2459. Portion of liver, with a thick coating of adventitious matter upon it. This has a cellular appearance, which is due to serum having been contained in the meshes of the lymph. It appears more like this than colloid, which it was thought to resemble.

2459<sup>25</sup>. Portion of the parietes of the abdomen, with numerous small cysts beneath the peritoneal coat. From a subject affected with ascites and malignant disease of the peritoneum and one ovary. It has much the appearance of colloid cancer.

Prep. 2241<sup>20</sup>. Presented by Mr. J. H. Roberts.

2459<sup>50</sup>. Convolutions of small intestines closely drawn together by the great contraction of the mesentery, which contains several rounded tumors of various sizes. When recent these tumors were of various colours, some nearly white, others of a bright red, and others almost or quite black. These tumors, together with the contraction of the mesentery, produced a stricture of the intestine, above which it

is immensely dilated, whilst it is moderately contracted below.

Joseph A., aged 17, had received a blow on the abdomen two years before his death; he had no pain, but gradual enlargement of the belly, with general emaciation. On inspection these tumors, together with contraction of the intestine, were found. See prep. intestine, 1819<sup>70</sup>; and drawing, 460.

9. Green Insp. Book, p. 152.

2460. "A dense tumor, in structure resembling scirrhus, situated beneath the peritoneum, near the commencement of the rectum."

Sir A. Cooper.

2462. Carcinomatous tumors subjacent to the peritoneum.

- 2462<sup>50</sup>. A convolution of small intestine, with small scirrhus tubercles in the mesentery. Injected.

Ann C., aged 48, was admitted with cancer of both breasts, and also tumors in abdominal parietes. Numerous tumors were found in the liver, &c., also uterus and ovaries. See prep. 2246<sup>32</sup>; liver, 1922<sup>48</sup>; and drawing, 379.

2. Misc. Insp. Book, p. 13; and Guy's Hosp. Rep., vol. iii., p. 194.

- 2464<sup>5</sup>. A large melanotic growth from the omentum.

From James H., aged 60, who died under Mr. Birkett's care, with melanotic tubercles covering his whole body. Drawings, 188<sup>26, 27</sup>, and 463<sup>5</sup>; models, 293<sup>5, 6</sup>; prep. heart, 1400<sup>25</sup>; spermatic cord, 2367<sup>80</sup>.

Record of Insp. 56; 1854.

Guy's Hosp. Rep. Series III., vol. iii., p. 331.

- 2464<sup>10</sup>. Pigment of peritoneum associated with cancer.

Peter S., aged 70. November 9, 1855.

2465. A tumor of considerable size situated in the mesentery; also the neighbouring convolutions of intestine firmly bound down by adhesions, and the canal nearly obliterated. This is an old preparation, and the tumor is styled cancerous. It has not, however, this appearance now, as it has thick walls and a broken-up material within.



2466. A convolution of small intestine, showing a carcinomatous tumor beneath the peritoneum at the edge of the mesentery.

2467<sup>55</sup>. Portion of intestine with a very large rounded carcinomatous tumor, apparently situated in the mesentery. This tumor, in common with most of those from the same subject, presents an unusually compact though rather soft structure, and had, when recent, a fleshy colour.

See also preps. kidney, 2062<sup>50</sup>; ovary, 2249<sup>64</sup>; omentum, 2470<sup>21, 42</sup>.

Presented by Mr. French through Sir A. Cooper.

2468. Portion of colon, with carcinomatous tumors of considerable size in the meso-colon.

2468<sup>35</sup>. Cæcum and colon, with tumors, probably carcinomatous, in the meso-colon.

From Brooke's collection.

2468<sup>70</sup>. "Portion of intestine, exhibiting marks of peritoneal inflammation, with carcinomatous tubercles beneath the peritoneal coat."

From Brooke's collection.

2469<sup>42</sup>. Portions of bowel and abdominal parietes affected with carcinomatous tubercles, and glued together by inflammation. The omentum is puckered up, and similarly affected by malignant disease with the rest of the peritoneum. The upper part is a portion of the ileum; the lower consists of the pyloric extremity of the stomach and part of the duodenum, the colon, the omentum, and a portion of the anterior abdominal parietes.

From same case as prep. 2439<sup>10</sup>.

2469<sup>56</sup>. A portion of peritoneum, probably from omentum, thickened by small carcinomatous tubercles, and covered with small flocculent villi.

From John G., aged 18, under Dr. Cholmeley in 1860 for an enlargement of the kidney, which was found to be carcinomatous.

See prep. 2057<sup>80</sup>; and lung, 1747<sup>60</sup>; also 2470<sup>84</sup>.

10. Green Insp. Book, p. 47.

2469<sup>70</sup>. Portion of omentum containing small carcinomatous tubercles.

2469<sup>84</sup>. Portion of omentum, with round well-defined carcinomatous tubercles.

From S. L., aged 55, who died of malignant disease of the peritoneum. Preps. of gall-bladder, 1973<sup>25</sup>; and uterus, 2266<sup>42</sup>.

Drawing 459.

10. Green Insp. Book, p. 116.

2470. Omentum greatly thickened by a mass of carcinomatous tubercles which are attached to the colon.

Martha D., aged 40, a patient of Dr. Bright's in 1826.

See pleura, 1779.

Red Insp. Book, p. 153.

2470<sup>7</sup>. Portion of colon, with the omentum thickly set with carcinomatous tumors and tubercles, varying in size from that of one's fist to the smallest pin's head. They are of a remarkably rounded figure, and though rather soft are compact and of a fleshy structure. The peritoneum forming the omentum is free from fat and adhesions, and beautifully transparent.

From William G., aged 21, a patient of Dr. Cholmeley, admitted with chronic ascites.

Prep. of a hard tumor in liver, 1931<sup>82</sup> <sup>08</sup>; also 2470<sup>40</sup>.

6. Green Insp. Book, p. 109.

2470<sup>14</sup>. Bladder and rectum, with the peritoneum on each side covered with carcinomatous tumors of all sizes. They appear, from their form, to approach the fibro-plastic in character.

2470<sup>21</sup>. Portion of omentum loaded with a number of carcinomatous tumors of pretty uniform size, and it was said, when recent, showed some pigment.

From same case as prep. 2467<sup>35</sup>.

2470<sup>28</sup>. Carcinomatous tubercles and false membrane, enveloping the peritoneal coat of a portion of small intestine.

A private patient of Dr. Barlow, who had tumors in the abdomen and vomiting.

See prep. of gall ducts, 1964<sup>32</sup>; and next prep. 2470<sup>32</sup>.

8. Misc. Insp. Book, p. 148.

2470<sup>32</sup>. A mass of carcinoma medullare from beneath the liver; the duodenum of course is over it, and a biliary calculus is seen.

From same case as preceding.

2470<sup>35</sup>. A portion of omentum covered with carcinomatous tubercles.

From same case as preceding.

2470<sup>39</sup>. "Mesenteric tumors, partly medullary and partly consisting of coagulated blood."

From Howship's collection.

2470<sup>42</sup>. One large and two or three smaller carcinomatous tumors.

From same case as furnished 2470<sup>21</sup>.

2470<sup>49</sup>. Two portions of peritoneum from the parietes, thickly sprinkled with well-defined carcinomatous tumors and tubercles.

From same case as 2470<sup>7</sup> and <sup>14</sup>.

2470<sup>56</sup>. Portion of the diaphragm, with small carcinomatous tubercles beneath its peritoneal covering. On the thoracic side there are likewise a few similar tubercles, accompanied with recent traces of pleuritis.

- 2470<sup>63</sup>. Portion of the diaphragm covered with hard tumors, apparently carcinomatous.

Case of John W., whose thigh was amputated by Mr. Morgan. He subsequently died, and the surface of lung was found covered with hard nodules.

Prep. 1782<sup>20</sup>; of tumor, 1162<sup>82, 84, 96</sup>.

- 2470<sup>70</sup>. Portion of the parietes of the abdomen, with carcinomatous tubercles beneath the peritoneum.

- 2470<sup>84</sup>. Diaphragm and suspensory ligament of the liver covered by a carcinomatous growth, which has a remarkable shaggy or villous surface.

From same case as prep. 2469<sup>86</sup>.

- 2470<sup>95</sup>. Uterus and its appendages, having their peritoneal surfaces covered with a substance which is apparently colloid cancer.

2472. Portion of peritoneum, exhibiting small tubercles containing colouring matter (melanosis?).

- 2472<sup>50</sup>. Portion of small intestine with mesentery, containing a hydatid sac about the size of an egg. Contracted.

Susan T., aged 43, under Dr. Cholmeley in 1835, for dropsy. There were no other hydatids in the body.

6. Misc. Insp. Book, p. 157.

2473. Two hydatid cysts from the colon. A great number of very small hydatids are adhering to the internal surface of the proper hydatid membrane.

Sir A. Cooper. Old Museum Book, No. 111.

- 2473<sup>50</sup>. "Portion of colon and omentum, with a thick semicartilaginous cyst of about the size of an orange. The cyst was filled with hydatids of the genus of accephalocyst or echinococcus, some of which were corrugated and dead, others were still living. The latter were remarkable for

several cauliflower-shaped excrescences on their internal surfaces."

From same case as prep. 2434<sup>40</sup>.

2474. Uterus and its appendages, with the bladder, rectum, and external parts, showing a cyst developed in the peritoneum, forming the broad ligament, and a portion of corrugated dead hydatid membrane which was contained in the cyst.

2474<sup>20</sup>. Uterus and its appendages. A cyst on the peritoneal covering of the uterus posteriorly. Supposed to be a hydatid.

2474<sup>40</sup>. Abdominal parietes perforated, the result of accident, and the omentum protruded. This is seen adhering to the puncture, which was situated about 2½ inches to the left of the umbilicus, and nearly on the same line with it, but rather lower.

Maria J., aged 8, admitted for punctured wound of abdomen from a knife thrown by her father at a cat. She was in a state of collapse, and she shortly died of peritonitis. The colon was bruised, but not punctured. See prep. 1863<sup>70</sup>.

12. Green Insp. Book, p. 151.

2474<sup>60</sup>. Portion of small intestine, with a small longitudinal incised wound through the peritoneal coat, which did not appear to have produced any eversion of the edges, or a trace of inflammation.

Ann W., aged 50, under Mr. B. Cooper in 1830, for strangulated hernia. She died three days after the operation, when this laceration was found in the intestine about half an inch in length; it was thought to be due to the director.

9. Green Insp. Book, p. 37.

2474<sup>80</sup>. Portion of omentum, showing a button, which had been driven there through a gunshot wound.

Presented by Mr. Tucker of the Dreadnought hospital ship.



## OBLIQUE INGUINAL HERNIA.

2475. Congenital hernia in the adult. The epigastric artery and veins are injected, and the cord is seen in bold relief on the posterior wall of the sac. The latter is distinctly contracted close to the epididymis, and it is thickened and corrugated at its orifice.

2476. Congenital hernia on the right side, which had been operated upon. The orifice of the sac small, and edges rigid.

James B., aged 26, admitted under Mr. B. Cooper, August, 1827. He had had a scrotal hernia from birth, and was in the habit of wearing a truss. On the evening before, during the act of vomiting in consequence of a debauch, the hernia became strangulated. The sac was opened, the intestine returned, and a portion of omentum removed, but he died two days afterwards. On examination, a pint and half of blood was found in the abdomen, and which had proceeded from the omentum. The epigastric artery was not touched, and the strangulated portion of intestine was not much injured. Prep. liver, 1938.

4. Green Insp. Book, p. 37.

2477. Congenital hernia on the right side, from an adult. There is no history of this case, but it is said to have been operated upon by Mr. B. Cooper, and that the patient died of hæmorrhage. The portion of strangulated bowel is shown at preparation 1822. In the present specimen the intestine and omentum are still in the sac, so that probably a portion of bowel was replaced in order to show the position of the parts.

2478. Congenital hernia on the right side. The intestine was returned, but strangulation remained in consequence of its being forced through a rupture in the sac into a pouch of peritoneum behind. This is seen on the posterior view. Mr. Birkett thinks the form of hernia is that styled infan-

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\* We are indebted to Mr. Birkett for the improved description of many of the old specimens in the part relating to hernia.

tile by Hey, or encysted hernia of tunica vaginalis by Sir A. Cooper.

The patient was under Mr. Morgan, and the case is alluded to by Mr. Key in his edition of Sir A. Cooper's work on hernia.

2479. Congenital hernia. The sac is of large size, which scarcely accords with the description given below, but the neck, as there stated, is large.

Wm. C., admitted under the physician in October, 1822, for constipation, distension of the abdomen, &c. These symptoms had existed for a fortnight, and he lived another week. No suspicion of hernia existed. On post-mortem examination, the coils of intestine were found greatly distended above a portion which lay in the hernial sac. The neck of this was free, and allowed two fingers to be introduced. Crossing the intestine was a portion of omentum, which adhered firmly to the sac. It was this which appeared to cause strangulation. It is stated that externally the sac appeared very small, and, with the testicle, was drawn close up to the external ring, and thus in consequence was overlooked.

See Mr. Key's Record of Inspections, vol. i., October 30, 1822.

2480. "Congenital hernial sac, with its mouth obliterated."

There is no history with this preparation to show its exact nature. It appears more like the sac of a hydrocele of the tunica vaginalis, or the funicular portion of the vaginal process.

- 2480<sup>50</sup>. Strangulated oblique inguinal hernia. The intestine was not in the tunica vaginalis propria testis, but in a sac formed in the funicular vaginal process, its orifice marked by a fibrous annular induration. A very marked and smooth sac existed outside the peritoneal sac, into which the finger could readily be passed, although recent adhesions existed between it and the proper hernial sac. This appeared to have been formed in the connective tissue, and probably caused by the pressure of the truss.

Benj. H., aged 20, operated on by Mr. B. Cooper, May, 1847. He had been the subject of hernia ever since two years of age, and had worn a truss. Two days before operation it became strangulated, and he died of peritonitis a week afterwards. Some omentum was found in the sac, and the portion of intestine which had been strangulated near it.

New vol. i., p. 201.

2481. Oblique inguinal hernia, showing the coverings of the hernia, and the course of the epigastric artery.
2483. Hernial sac in the inguinal canal. A dried preparation.
2484. Inguinal hernial sac and its coverings.
2485. An inguinal hernia, with a portion of small intestine in the sac.
2486. Oblique inguinal hernia extending into the scrotum, and containing omentum. This preparation shows the continuity of the superficial fascia with the external abdominal ring and the anatomy of inguinal hernia.
- 2486<sup>20</sup>. Inguinal hernia, which was said to be returned "en masse," but which Mr. Birkett has shown to be caused by a rupture of the neck of the sac, and the intestine forced through the opening. This new sac is seen on the posterior part of the preparation.

James A., aged 67, admitted under Mr. B. Cooper, November 18, 1834. He had had hernia for thirty years, and on the day before, it having descended, he was unable to replace it. The symptoms of strangulation were very severe. It was then returned, as supposed, but the symptoms continued. A tube was then passed up the rectum, but without any more benefit. On post-mortem examination, the strangulated bowel was found lying beneath the peritoneum, as seen in the preparation; and the tube passed per rectum was found to have penetrated the gut. See prep. 1877<sup>80</sup>; drawing of hernia, 474.

6. Misc. Insp. Book, p. 63.

- 2486<sup>30</sup>. Portion of intestine from a hernial sac, showing the great length of the part strangulated, one and a half feet. At one end the mucous membrane is cut through at the seat of stricture around the whole circumference of the intestine; at the other end only partially so.

William A., aged 56, under Mr. Forster. He had a large scrotal hernia on the right side which had been strangulated four days; he was operated on and relieved, but died of peritonitis four days afterwards. Some slight faecal extravasation was found to have occurred through the strictured part.

Insp. 225; 1856.

2486<sup>35</sup>. Inguinal hernia reduced "en bloc," or rather into another cavity caused by a laceration of the walls of the sac. The testis is seen at the inferior extremity of the scrotum, and a laceration is observable at the neck of the hernial sac. Through this the intestine has been pushed behind the peritoneum.

William G., aged 46, under Mr. Cock. He was operated on, but without relief. On post-mortem examination it was found that the finger, on entering the internal abdominal ring, passed into a cavity on the iliacus muscle, and in this lay a coil of intestine, six inches in length. This space was partly on iliacus muscle, and partly in abdominal walls. The hernia was in the vaginal process of the peritoneum, or of the kind called congenital.

Drawing, 474<sup>10, 11</sup>.

Insp. 124; 1858.

2486<sup>40</sup>. Sac of an inguinal hernia containing adherent omentum.

2486<sup>45</sup>. Portion of intestine which had recovered itself after strangulation.

The patient, James S., aged 41, was operated on by Mr. Forster, but he died of visceral disease. A portion of intestine, two inches long, was found near the sac with two lines of indentation upon it.

Preps. spleen, 2004<sup>55</sup>; testis, 2351<sup>40</sup>.

Insp. 64; 1861.

2486<sup>50</sup>. Congenital hernia, showing a double sac; one being in the tunica vaginalis, and the other above between the internal and external rings.

Thomas S., aged 36, came to the hospital with symptoms of strangulation and a tumor in the scrotum and groin. The former was removed by taxis, but not the latter; the testis had never descended. On post-mortem examination, the scrotal sac was found empty, and at its upper part the testis; above, the external ring led into another sac near the crest of the ileum, and in this lay a coil of intestine twisted on itself. This came through another opening, the internal abdominal ring, from the abdomen. It thus appeared that the intestine had not only been in the habit of passing downwards to the scrotum, but after passing the internal ring had formed another sac upwards and outwards.

Insp. 37; 1861.

2486<sup>85</sup>. Congenital hernia with a double cyst. The testis is seen lying at the upper part of the sac, but the other sac is not now well seen. The strangulated portion of intestine is also exhibited as cut completely through by the constriction.

William G., aged 24, had congenital hernia on left side, with non-descent of the testis. He had suffered several days from strangulation of the bowel when he came to the hospital. Mr. Hilton immediately opened the sac and found it occupied by omentum, but found no intestine, although he thought he could feel it as far as his finger would reach through the internal ring. The patient shortly died, when the portion of gut which had been strangulated was found quite away from the orifice of the sac. The latter was empty, except having the testis at its upper part; but proceeding from the internal abdominal ring was another sac lying on the iliacus muscle. This was lined with peritoneum, and was perfectly continuous with the abdominal cavity and the scrotal sac. It was thus seen to be of old date, and not produced by recent taxis.

Insp. 25; 1860.

2486<sup>80</sup>. Portion of omentum in the inguinal canal.

Operated upon at the London hospital.

2486<sup>80</sup>. Inguinal hernia, with a very large portion of descended omentum. The testis is seen at the bottom of the sac.

2487. Inguinal hernia, consisting of a large portion of the urinary bladder, considerably dilated.

Sir A. Cooper's work on Hernia; second edition.

2487<sup>10</sup>. A large mass of intestines united together, which occupied a hernial sac. They consist of the cæcum and about four feet of the ileum, and are all matted together by old peritonitis, and much resemble large intestine.

William D., aged 65, was admitted under Mr. Poland on August 23, 1860, with strangulated scrotal hernia on the right side of several days' standing. The tumor was of the size of two fists, and very tender. Peritonitis also existed. The sac was opened, and the constricted ring freely divided so as to admit four fingers to pass into the abdomen, and yet the hernia could not be reduced. The great mass of



intestine which was seen within looked like cæcum and large intestine, and its contents could in nowise be made to recede. An incision, two inches long, was then made into the gut, and its contents freely evacuated. The opening was carefully closed by an uninterrupted suture, and the whole returned into the abdomen. The man lived four days. On post-mortem examination, the mass of bowels, as seen in preparation, was found. There had been no fæcal extravasation, and the incision in the gut was in process of repair.

Insp. 136; 1860.

2488. Hernia of Fallopian tubes and ovary.

2489. Inguinal omental hernia, with the stricture divided. It shows very well the condition of the orifice of the sac, and the peritoneum above rigid and puckered.

John Morgan, Esq.

2490. An old preparation of a hernial sac, injected, and intended to show the obliteration of the mouth; the testis being seen behind. There is no evidence, however, given that this had ever contained intestine, and may therefore only be the dilated funicular portion of the vaginal process of peritoneum, or hydrocele of the cord.

2490<sup>5</sup>. Hernial sac, preserved on account of interesting nature of case; being one of double hernia, where two operations were simultaneously performed.

Charles M., aged 70, admitted under Mr. Cock, February 14, 1855. He had had scrotal hernia on both sides for fifteen years, and had worn a double truss. They were often reduced with great difficulty. On the morning previous to admission he was unable to return the hernia on the left side; taxis being of no avail, he was operated upon (without chloroform). The sac was opened and about a foot of intestine returned. During the operation the other hernia came down, but was reduced. In the night, however, it again descended, and it then being found impossible to return it, Mr. Cock again operated as before; this was eleven hours after the first operation. The patient progressed favourably in spite of his chronic bronchitis, and left three weeks afterwards. He subsequently died at Woolwich, and the body was examined.

2491. An old hernial sac. It shows very little except the course of the cremaster, and the relation of the testes to the sac.

Sir A. Cooper.

2491<sup>50</sup>. Large inguinal sac, dried. The testicle much displaced. The fibres of the cremaster muscle thickened and dilated.

James W., aged 50.

See cast 308.

1. Green Insp. Book, p. 31.

2491<sup>75</sup>. Hernial sac. Surface covered with lymph.

2492. Inguinal hernial sac. The testicle seen at the lower part, with the tunica vaginalis dilated. The orifice of the sac is well seen.

2492<sup>10</sup>. A coil of intestine which had been strangulated, and in which a communication had formed between two portions.

Abraham S., aged 58, admitted under Mr. Birkett, May, 1858, for peritonitis, and at same time had a hernia on right side. The sac was opened, but was found empty. On post-mortem examination peritonitis was found to be due to an extravasation of the contents of the canal, from a rupture at the point of union of two coils of intestine. It then appeared that the patient had six months before had incarceration of the hernia, and for thirteen days had vomiting and no evacuation. Just at the time his life was despaired of the rupture returned, and he became tolerably well. About twenty hours before his admission he was seized with pains in the abdomen and collapse. It was thus tolerably clear that a communication occurred on the first occasion between the two strangulated portions, and that afterwards the adhesions gave way.

2492<sup>20</sup>. A small oblique inguinal hernia on the right side.

2493. Portion of hernial sac, showing its situation with regard to the testes and tunica vaginalis.

2494. Portion of a large hernial sac, partially ossified.

Mr. A. Carey, Guernsey.

2494<sup>10</sup>. Hernial sac affected with carcinoma.

Wm. P., aged 70, under Dr. Rees for cancer of the peritoneum, and which involved the hernial sac continuous with the abdominal cavity.

Insp. 34; 1858.

2495. Thin pouches of peritoneum formed in a hernial sac, and which contained about a quart of serous ascitic effusion. Removed from a dropsical patient of Mr. Aston Key.

2496. Hernial sac obliterated after operation; also preparation of the appendix cæci with abscess.

Dr. Whiting.

2497. Encysted hernia of the tunica vaginalis; the protruding portion descending into the tunica vaginalis, and inclosed by a sac.

2497<sup>10</sup>. Encysted hernia of tunica vaginalis.

This case is noticed in Sir A. Cooper's work on Hernia.

From St. Thomas' Hospital.

DIRECT INGUINAL HERNIA.

2498. Direct inguinal hernia.

2498<sup>40</sup>. Direct and oblique inguinal hernia in the same subject.

Mr. Hilton.

2498<sup>50</sup>. Small sac of direct inguinal hernia; seen protruding at external ring. The epigastric artery, with a bristle through it, is seen on its outer side.

From Mr. Bryant's collection.

2498<sup>60</sup>. Direct inguinal hernia. The opening of the sac is seen, as well as the spermatic cord; also the epigastric artery above.

Stephen D., aged 81, the subject of direct inguinal hernia, strangulated seventy-two hours, and returned into the abdomen by operation forty-six hours before death.

See drawings 480<sup>5,10,15</sup>. Cyst in liver, 1905<sup>55</sup>.

Insp. 4; 1857.

2499. Direct inguinal hernia, having a covering derived from the cremaster muscle.

2499<sup>55</sup>. Portion of small intestine, with a very small knuckle, somewhat discoloured, and protruding like an incipient diverticulum, in consequence of strangulation from hernia.

2499<sup>40</sup>. Inguinal hernia in a female subject. The sac contains intestine and omentum. On the right side is a small femoral hernia containing omentum.

Elizabeth R., aged 81, had had hernia for twenty-five years. This becoming strangulated, the sac was opened by Mr. Callaway, jun. He had returned a large portion of the gut, when another portion burst. This he therefore stitched to the edge of the wound and left.

Insp. 30; 1856.

2500. Inguinal hernia on both sides; incipient oblique on the right, direct on the left.

#### FEMORAL HERNIA.

2501. Portion of small intestine strangulated in femoral hernia, and adherent to the mouth of the sac, at which point there is a small aperture. There appears to be a false membrane in the hernial sac, and results of inflammation are seen on the intestine.

George H., under Mr. B. Cooper in 1829.

1. Misc. Insp. Book, p. 42.

2501<sup>5</sup>. Preparation showing the anatomy of femoral hernia as seen from external and internal aspects. Portion of omentum is adherent.

Sarah J., aged 62, under Mr. Birkett.

Drawing, 485<sup>20</sup>. Insp. 160; 1854.

2501<sup>10</sup>. Femoral hernia with the coverings and epigastric artery dissected.

2501<sup>25</sup>. Peritoneal sac at the internal abdominal ring. There is no history in connection with this, but it does not appear like a hernial sac.

2501<sup>68</sup>. A hernial sac almost suppurating. It seems to contain a portion of omentum. The strictured intestine, which is seen above, is nearly ulcerated through.

Ann D., aged 48, under Mr. B. Cooper in 1835. It was thought that the symptoms were not sufficiently urgent to demand operation; but after death the bowel was found strangulated as here seen.

8. Misc. Insp. Book, p. 41.

2502. Fascia propria and sac of femoral hernia.

2502<sup>20</sup>. Portion of intestine, showing the effects of strangulation. The surface of a dark colour, covered with flakes of lymph, and almost gangrenous. No perforation.

Mary S., aged 64, admitted under Mr. Birkett, November 18, 1854. She had had a left femoral hernia for eight years. She died two days after the operation, or eighty-three hours after the first symptoms of strangulation.

See drawing, 481<sup>6</sup>.

2502<sup>23</sup>. Femoral hernia and its termination in artificial anus. The portion of intestine is the lower end of the ileum. The direct channel to the opening is formed by the upper portion, which, when recent, was twice the size of the lower. There is, however, a free passage into the end of the latter. Both portions firmly united, and cure complete.

James W., aged 65, under Mr. Hilton. An old femoral hernia had been strangulated for four days. When sac opened the intestine found sloughing and ruptured. Fæcal discharge took place from the wound, and continued until death, a fortnight afterwards. No peritonitis, but diseased kidneys and other viscera.

Insp. 29; 1855.



- 2502<sup>90</sup>. Femoral hernia, with the portion of intestine strangulated. The latter is indented and covered with lymph.

Sarah R., aged 27. Symptoms of strangulation for three days. She was immediately operated on, but when the sac was opened nothing but adherent omentum was at first discoverable. On this, however, being incised, a portion of intestine was found within. This was liberated. On post-mortem examination the intestine was found quite free, and the sac full of omentum.

Insp. 22; 1855.

- 2502<sup>35</sup>. Femoral hernia, with the portion of strangulated intestine. The omentum is seen adherent to the sac, and forming an envelope for the intestine. The latter is contracted, and acutely inflamed, lymph being seen on the exterior, and the mucous membrane within sloughing. The line of strangulation is well seen.

Sarah F., aged 70, under Mr. Birkett for right femoral hernia. This had existed thirty to forty years. When operated on symptoms of strangulation had existed for eleven hours, and in fifty-one hours afterwards she died.

May 6, 1855.

- 2502<sup>50</sup>. Large femoral hernia, containing omentum from a male subject.

- 2502<sup>55</sup>. Portion of intestine from a case of femoral hernia, showing the effects of constriction. All the coats are torn through except the peritoneal.

Elizabeth D., aged 38, under Mr. Poland. She had had a hernia eight years, but had worn no truss. Five days before admission the hernial tumor became large and painful; soon afterwards all the symptoms of strangulation occurred. The sac was opened, and intestine, which was of a dark colour, returned. She died in a few hours.

Insp. 160; 1856.

- 2502<sup>60</sup>. Intestine from a case of hernia, showing the effects of constriction. It will be seen that the whole calibre is not included, but merely a pouch on one side. The edges deeply fissured, but not torn.

Fanny B., aged 62, admitted under Mr. Forster with femoral hernia and strangulation for five days. She was operated on, but speedily died of peritonitis.

Insp. 52; 1861.

- 2502<sup>65</sup>. Portion of intestine which had been strangulated, showing a small pouch which completely filled the mouth of the sac.

Caroline C., aged 56, admitted under Mr. Forster for strangulated femoral hernia. He immediately operated with relief to the symptoms, but the patient died nine days afterwards of bronchitis and other ailments. A small pouch of intestine was adherent to neck of sac, and completely occupied the opening.

Insp. 53; 1861.

- 2502<sup>75</sup>. Femoral hernia with the intestine ruptured, and in a gangrenous state. Much fat in the femoral sheath.

Mrs. B., aged 62. After coughing the hernia appeared, and with it some slight symptoms; in four days these were of more severe nature. On the seventh day a portion was returned, but still the symptoms continued. On the ninth day an operation was performed by Mr. Bryant. The sac was opened, but no intestine could be felt. She died on following day. At the neck of the sac was found lying the ruptured intestine.

From Mr. Bryant's collection, p. 125.

2503. Femoral hernia in the male. Sir A. Cooper first described the fascia propria from this preparation.

- 2503<sup>18</sup>. Femoral hernia; the sac opened, exposing sphacelated gut.

The patient, a woman, died unoperated on.

From Mr. Bryant's collection.

- 2503<sup>20</sup>. Portion of intestine, showing a pouch adhering to the hernial sac, in which it was contained.

Elizabeth B., aged 56, admitted under Mr. Birkett, March 22, 1858. She was then apparently dying, having been ill for nine days. On examining her a small lump was found in the left groin; this she said

had been there nearly all her life, and had not increased nor become painful. Mr. Birkett explored this tumor, and found merely some lobules of fat, which appeared connected with omentum. She died two days afterwards, when a very small portion of intestine was found growing adherent to the sac.

Drawing 484<sup>20</sup>.

Insp. 62; 1858.

- 2503<sup>35</sup>. Femoral hernia containing a portion of omentum. A knuckle of intestine which accompanied the omentum returned without an operation. After which an opening was discovered in it.

Margaret L., admitted under Mr. B. Cooper for femoral hernia, which had been down five days. It was returned, but collapse came on, and nine days afterwards she died. No peritonitis was present, and no extravasation of intestinal contents, but a portion of bowel was found perforated when its adherent surfaces were separated.

See prep. 1826<sup>45</sup>.

6. Green Insp. Book, p. 54.

- 2503<sup>32</sup>. A large femoral hernia containing the whole of the cæcum.

Marion C., aged 47, died in Lambeth workhouse of fever, November 19, 1837. The hernia had not been reducible for several years, and had not produced any severe symptoms.

Mr. Bryant's collection, p. 110.

- 2503<sup>70</sup>. "A most remarkable case of complicated femoral enterocele."

From Brooke's collection.

#### OBTURATOR HERNIA.

- 2503<sup>80</sup>. Obturator hernia. The sac has been exposed and filled with wool, the intestine, which had originally been strangulated in it, having been removed by operation. The obturator muscle, which covered its lower part, has

been dissected off, as well as the dense fascia above this, which covered its upper part; on the latter the obturator nerve is seen. Above are seen the attachments of pectineus and adductor longus; on inner side adductor and gracilis muscles.

Miss ———, aged 36. In September, 1847, had constipation for some days, and subsequently pains in abdomen until January 20, when seized with vomiting. Purgatives were given, but with no effect. The constipation and vomiting continued, indicative of strangulation of the bowel until the 1st February, when Mr. Hilton made an exploratory incision into the abdomen, and found a knuckle of intestine entering the obturator foramen on the left side. This he removed, but the patient rapidly sank, and died in a few hours. On post-mortem examination the strangulated portion was found in the abdomen, an inch and a half long, dark coloured, but not gangrenous.

Drawing 488<sup>50</sup>

Mr. Hilton and Mr. Blackmore.

2503<sup>65</sup>. Obturator hernia, operated on by Mr. B. Cooper. A pouch is seen in the obturator membrane on right side, formed of a prolongation of peritoneum, and which constituted the sac of the hernia.

Mary Ann N., aged 49, admitted under Mr. B. Cooper, January 20, 1853. She was a very thin, spare woman, but in good health. Three days before, she was seized with symptoms of strangulated bowel, constipation, vomiting, and pain down the upper and inner part of thigh, extending down front of leg to great toe; due to pressure on the obturator nerve. A deeply-seated swelling could be felt in the upper part of the thigh. An incision was made, as in operation for femoral hernia, the pectineus was then cut through and the sac exposed; Mr. Birkett then being requested to feel it, the intestine went up. The symptoms had existed exactly sixty-five hours before operation. She slowly convalesced, and afterwards was admitted into the Physician's ward for bronchitis, where she died. The post-mortem examination showed the scar of the wound, one and a half inch long, below Poupart's ligament. The sac was found adherent to the adjacent muscles. The kidneys and heart were found diseased.

## UMBILICAL HERNIA.

2504. A portion of the abdominal walls, showing the sac of an umbilical hernia.

2505. Irreducible umbilical hernia, containing portions of large and small intestines, with a considerable quantity of omentum. The mucous membrane of the colon is of a deep grey or black colour.

From a patient of Dr. Addison's.

2505<sup>50</sup>. A large umbilical hernia entirely omental, but a portion of colon adheres to the mouth of the sac.

2505<sup>55</sup>. Umbilical hernia, containing omentum and a portion of intestine.

2505<sup>60</sup>. Umbilical hernia, containing omentum and intestine which are firmly adherent to the sac.

Elizabeth H., aged 65, had hernia for twenty-four years, and when admitted, symptoms of strangulation for six days; she was collapsed and had peritonitis. Mr. Callaway, jun., opened the sac, and found the intestine gangrenous, he enlarged the neck when the gut gave way. This was stitched to the wound. The patient died in a few hours.

Insp. 24; 1856.

2505<sup>65</sup>. Umbilical hernia, with the transverse colon partially adherent to the neck of the sac. The colon was here slightly drawn in the form of a pouch. The patient had never suffered from strangulation, but had had constipation for many years. Below the adhesion the gut was much contracted, whilst the ascending colon and cæcum were considerably distended. The latter is seen fissured both internally and externally, from the pressure exerted on it.

The patient, Maria D., aged 57, was admitted with peritonitis, but this was due to the giving way of the cæcum from the long-standing constriction.

Insp. 223; 1862.



2506. Dissected sac of an umbilical hernia, in which a portion of the stomach protruded.

Taken from the body of a maniac dissected by Sir A. Cooper.

Prep. humerus 1111. Old Museum Book, No. 117.

- 2506<sup>52</sup>. Umbilical hernia, and a small ventral hernia in the median line. They appeared to consist of fat situated between the peritoneum and abdominal muscles.

- 2506<sup>48</sup>. Small umbilical hernia, consisting of fat, situate between the peritoneum and abdominal muscles.

Sarah A., aged 24.

7. Green Insp. Book, p. 83.

- 2506<sup>64</sup>. Strangulated ventral hernia on the median line above the umbilicus.

From an elderly female patient in Chapel ward; operated on by Mr. B. Cooper.

- 2506<sup>72</sup>. Umbilical hernia, the sac is perfectly gangrenous, and contains portions of omentum and a coil of the ileum, the latter being perforated.

Elizabeth S., aged 45, operated on by Mr. B. Cooper, October, 1837.

12. Misc. Insp. Book, p. 33.

- 2506<sup>80</sup>. Portion of the parietes from the umbilical region; the umbilicus itself protruding so as to form a tumor about the size of a walnut. This tumor is filled with cellular membrane, infiltrated with puriform matter; it appeared internally to have a small communication with the abdominal cavity. From the external surface, which is abraded, a considerable quantity of fluid had escaped during life.

From Mary M., aged 33, long affected with an ovarian tumor.

See prep. 2241<sup>70</sup>.

2. Misc. Insp. Book, p. 130.

2506<sup>85</sup>. "Diaphragmatic hernia. The left end of the liver, the stomach, and intestines, are situated in the chest." This is probably not the result of injury, but appears to be from a malformed foetus, in which the diaphragm is partially deficient.

2506<sup>90</sup>. Circular opening in the diaphragm two inches wide, the result of violence. Through this the stomach protruded.

Edward L., aged 40, under Mr. Morgan in 1838. He received severe injuries to his chest nine months before his death; also injuries to his foot. From the effects of the latter the leg was amputated, and from this he died. The diaphragm was found lacerated as here seen.

Prep. cranium 1072<sup>50</sup>; lung 1755<sup>64</sup>; ribs 1762<sup>44</sup>.

13. Misc. Insp. Book, p. 157.

2507. Diaphragmatic hernia of the stomach.

See Sir A. Cooper's work on Hernia.

#### INTERNAL STRANGULATION.

2507<sup>25</sup>. An ileum, dried, which had been obstructed by a bridle stricture.

2507<sup>32</sup>. Bowel strictured by a bridle.

2507<sup>40</sup>. Bridle stricture of ileum and mesentery.

2507<sup>50</sup>. Some folds of small intestine, showing a strangulation in an aperture formed by an adhesion (congenital or not) of two closely adjoining portions of mesentery.

Presented by Dr. Ranking.

2507<sup>55</sup>. A coil of intestines dried, showing strangulation.

2507<sup>60</sup>. A coil of intestine strangulated by a band of adhesion to the ovary.

A married woman, aged 36. Whilst stooping down to unlace her boots, she was attacked with violent pain in the belly, and with

vomiting. Symptoms of strangulation of the bowel soon followed, and terminated in death after three days. At the autopsy a large mass of strangulated bowel was seen in lower part of abdomen, and lying across it the uterus, its right corner dragged up by an adhesion from it to the mesentery. There was also another band of adhesion above. It was thought most probable that an adhesion had occurred during a former pregnancy, and that as the uterus subsequently subsided, this band was drawn across the intestines. The fatal attack was due to a twist of an extra portion of bowel falling through.

Mr. H. Taylor, Guilford.

2507<sup>69</sup>. Intestine strangulated by a bridle formed by an old adhesion. The cæcum appears much distended, and to have given way from the pressure exerted upon it. A perforation is seen in it, and effused lymph on the surface.

2507<sup>70</sup>. Strangulation of the intestine, caused by a contraction of the mesentery, which had probably occurred in infancy. The mesentery was found gathered up into a hard mass, and at this spot the small intestine was involved in the contraction. Its calibre was thus contracted to a very small span. Above the constriction the intestine was dilated, and its walls much hypertrophied, showing the chronic nature of the obstruction.

Chas. S., aged 29, under Dr. Rees. For four years he had suffered from constipation and attacks of vomiting. Death was due to peritonitis, from the splitting of the coats of the bowel above the seat of obstruction.

Insp. 211; 1851.

2507<sup>75</sup>. Duodenum and ileum, the former the subject of stricture in consequence of a cord formed between the latter bowel and mesentery.

The patient, a man aged 26, died after six days of vomiting and constipation.

From Mr. Bryant's collection.

2508. Portion of small intestine strangulated by a band of adhesion attached to the appendix cæci.

- 2508<sup>25</sup>. Convolutions of small intestine, strangulated by slender  
bridle of adhesion connected with the mesentery and left  
Fallopian tube and ovary.

Mr. Bottomley, Croydon.

- 2508<sup>30</sup>. Intestine strangulated by adhesion of cæcal appendix to  
mesentery. A loop is thus formed, through which a coil  
of intestine passed; the strangulation being, however, not  
complete.

Miss M. A. L., aged 23, residing at Hackney. A year before her  
death she jumped from a gate, experienced pain in the abdomen and  
discomfort for some days. She remained well until August 13, 1858,  
when she experienced pain in the abdomen. On the 16th she still had  
pain, but the bowels were relieved; on the 18th she had vomiting; on  
27th a fullness was observed in right iliac region, with much febrile  
and constitutional disturbance of patient. The case appeared to be  
one of local peritonitis about the cæcum rather than of obstruction, as  
the bowels acted, and there was not much distension of abdomen.  
Afterwards, hiccup and gradual loss of power until death, on Sep-  
tember 3. The necropsy showed no general peritonitis, but a local  
inflammation, which had bound together coils of ileum to cæcum.

Dr. Habershon and Mr. Pye-Smith.

- 2508<sup>50</sup>. The juncture of the small and large intestine, showing the  
ileum strangulated by an adhesion of the appendix to the  
mesentery, by which a considerable loop was formed, and  
the convolutions had become included.

From a private patient of Mr. Callaway, sen.

- 2508<sup>75</sup>. A large convolution of small intestine, strangulated by a  
bridle of adhesion attached to the mesentery.

2509. Portion of omentum removed in operation from a strictured  
hernia by Mr. Aston Key. Patient recovered.

2510. Portion of omentum successfully removed by Sir A. Cooper,  
in the operation for strictured umbilical hernia.

2511. Portion of omentum successfully removed by Sir A. Cooper,  
in an operation for strangulated hernia.

2512. Sixty drams of omentum successfully removed by Mr. Callaway, in an operation for strangulated hernia.

2512<sup>35</sup>. Considerable portion of omentum successfully removed from a strangulated hernia, by Mr. Joshua Brookes.

From Brookes' collection.

2512<sup>70</sup>. Portion of large intestine adherent to the groin, probably on the right side, having a sinuous connection externally. There are remains of peritonitis and inflammatory softening of mucous membrane.

From Mrs. S——, aged 35.

THE END.



# APPENDIX

TO THE

## PATHOLOGICAL CATALOGUE

OF THE

# MUSEUM OF GUY'S HOSPITAL.

BY

SAMUEL WILKS, M.D., LONDIN.,

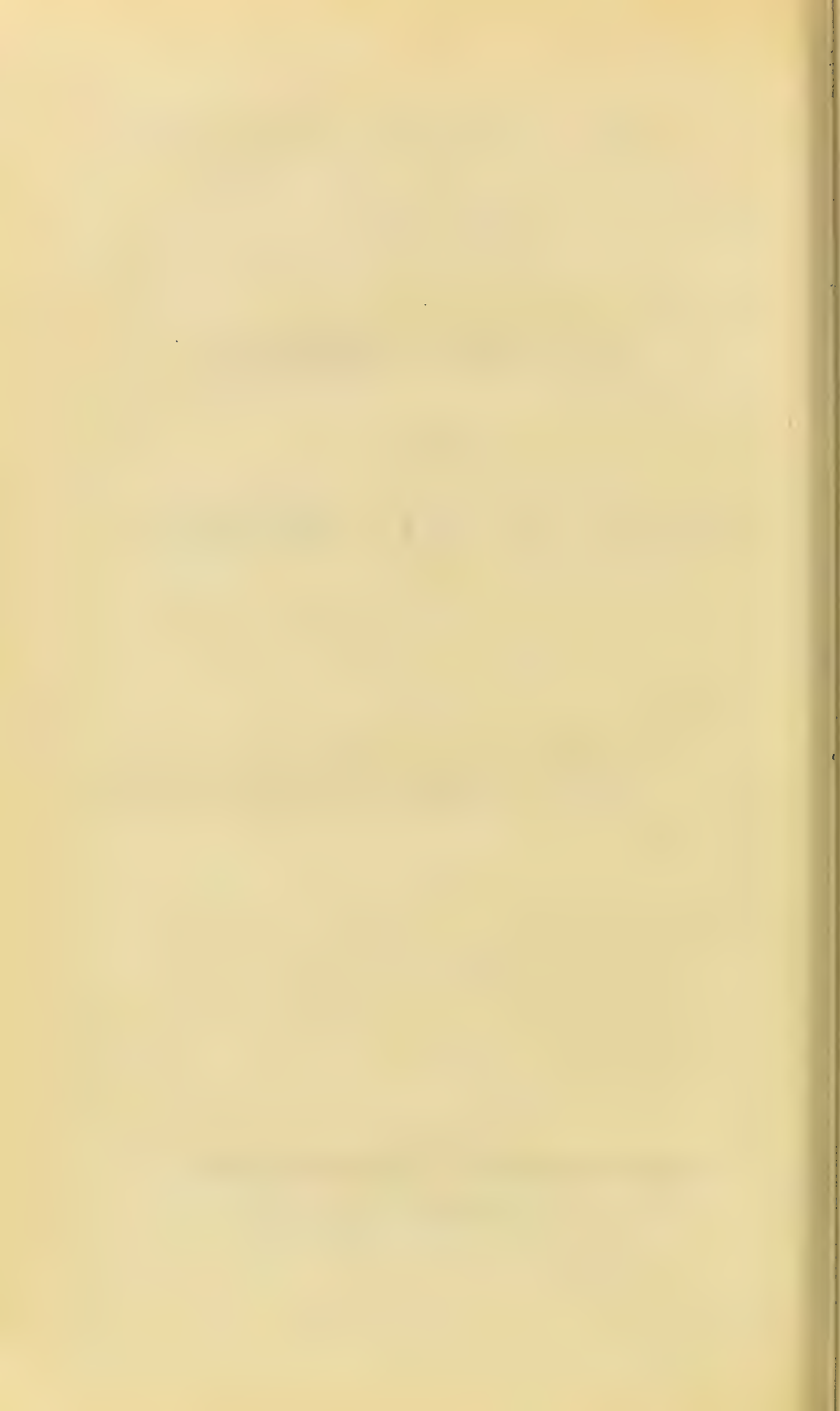
FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; ASSISTANT PHYSICIAN TO GUY'S HOSPITAL.  
LECTURER ON PATHOLOGY; AND CURATOR OF THE MUSEUM.

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LONDON:

WILLIAM MACKENZIE, 22 PATERNOSTER ROW.

MDCCCLXIII.



# ADDENDA.

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SINCE THE COMMENCEMENT OF THE REPUBLICATION OF THE CATALOGUE, THE FOLLOWING ADDITIONAL SPECIMENS HAVE BEEN PLACED IN THE MUSEUM.

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## BONES.

1004<sup>60</sup>. Portion of coccyx discharged from an abscess in a boy who was suffering from hip joint disease, October, 1859.

Mr. Bryant.

1006<sup>10</sup>. Lateral curvature of the spine. This is double, so that the spines of the vertebræ, seen posteriorly, are in a straight line—one vertebra being thinned on one side, and one on the other. The ribs, however, are more separated on one side than the other.

From the Dissecting Room, 1858.

1021<sup>35</sup>. Disease of the spine, showing destruction of the intervertebral cartilage of the eleventh and twelfth dorsal vertebræ. It is replaced by a layer of lymph, which, no doubt, would have formed a bond of union for ankylosis. The disease has extended to the membranes of the cord, which were covered with a slight exudation of lymph. This is not now well seen.

John P., aged 25, under Dr. Addison. An abscess existed in front of the spine, and the membranes being involved, the inflammatory process extended upwards to the brain.

Insp. 42; 1860.

- 1022<sup>10</sup>. Caries of the lumbar vertebræ, showing wasting of the bodies, and falling together of the spine. The two wedge-shaped portions of bone correspond to the bodies of the first two lumbar vertebræ, so that the lower dorsal and the third lumbar almost meet. Some repair has taken place, and the arches and spinous processes are ankylosed.

George G., aged 27, under Mr Hilton for lumbar and psoas abscess. In the latter was found a piece of the rim of the body of a vertebra.

Insp. 105; 1859.

- 1055<sup>80</sup>. Calvaria remarkably narrow. Preserved to exemplify Dr. Addison's views respecting an ill-formed brain predisposing to disease.

The lad from whom this skull-cap came, was in the hospital for typhoid fever, and Dr. Addison was in the habit of pointing to his badly-formed brain as the cause of the more than usually severe cerebral symptoms. He recovered from the fever, but subsequently died of meningitis.

Insp. 77; 1858.

- 1072<sup>56</sup>. Calvaria, showing the whole internal surface roughened and covered with bony granulations, the result of inflammation.

Case of Edward C., aged 21, who was ill several months with inflammation of the brain, membranes, &c Prep. 1566<sup>80</sup>.

Insp. 152; 1858.

1076. Caries of the calvaria, which was trephined in consequence of the patient having epileptic fits.

Francis W., aged 38, admitted under Mr. Birkett, February 14, 1860. There was no history of accident or of syphilis, but the latter was supposed to have existed. Ten months before admission, an abscess appeared on the head, pain having previously existed there. This had continued ever since. Four days before admission he had a fit, followed by temporary paralysis of the right side. After admission he had other fits, and therefore Mr. Bryant (who was attending him) determined to trephine. He removed some diseased bone, and exposed the dura mater, which was covered with granulations. The fits immediately ceased, and did not return for two months. They then reappeared, and he shortly afterwards died of pyæmia. The calvaria was found as here seen, necrosed on the left side, and firmly adherent to the dura mater beneath, by tough fibrous yellow material. The liver and spleen contained fibroid deposits. Prep. 2004<sup>80</sup>.

Insp. 105; 1860.

1076<sup>1</sup>. The portions of bone removed by the trephine in preceding case.

1077<sup>50</sup>. Necrosis of frontal bone. The exfoliated portions are placed together.

A female child, aged 15 months, was brought to Mr. Bryant with an abscess over the frontal bone. This had followed a scratch with a nail six months before. There were several fistulous openings, and the bone was exposed. The portion removed and here seen, includes nearly the whole left half of the frontal bone, leaving only the orbital plates. The dura mater was covered with granulations. The child soon recovered, without any bad symptoms. April, 1860.

1079. Calvaria, showing caries undergoing repair.

1082<sup>60</sup>. Fracture of the base of the skull, from a fall on the vertex of the head. A rim of bone surrounding the foramen magnum, is driven in to some distance, and this therefore must have been due to the momentum of the body whilst falling.

Daniel H.            Insp. 138; 1858.

1086<sup>10</sup>. Fracture through the temporal bone; the fissure running through the petrous portion. It was thought that the lateral sinus was opened.

George D., aged 44, under Dr. Barlow for bronchitis, &c. He got out of bed in the night, and fell down stairs.

Insp. 214; 1857.

1086<sup>15</sup>. Fracture of the left parietal bone, which has been trephined. The specimen was saved to show the extensive fissures which had taken place on the external surface, whilst no trace of them was visible within. Since the occurrence of the fracture, however, the line of injury can be seen within.

Charles C., aged 60, under Mr. Bryant. He fell on his head, and died in a few hours.

Insp. 35; 1858.



1816<sup>20</sup>. Portions of bone removed from a case of fracture of the skull.

Thomas B., aged 34, a railway guard; whilst leaning out of his break, his head came in contact with a bridge, driving in the bone.

Mr. Forster.

Insp. 191; 1858.

1086<sup>36</sup>. Fracture of the skull; the trephining was done after death. The seat of injury is seen above the trephine hole, and consists of a small perforation of the cranium, caused by the point of a poker which was thrown at the child. Death occurred in four days. Mr. Cock trephined after death, in order to ascertain if any pus could have been removed by the operation.

Insp. 219, 1858.

1086<sup>80</sup>. Portions of bone removed in a case of compound fracture of the skull.

Jessie N., aged 46, admitted under Mr. Birkett, July 25, 1858. A short time before admission, her husband attacked her with a hatchet whilst asleep. She was unconscious, and her head was covered with scalp wounds. On August 2 she had convulsive twitchings, and was delirious. The wounds were therefore enlarged, and the bone found fractured. Mr. Birkett removed two large pieces (marked No. 1 in the preparation); these show, respectively, large surfaces of the external and internal tables. On August 12, another piece (marked No. 3) was removed; this is seen grooved by the middle meningeal artery. She progressed slowly, and on October 18 two other large pieces were removed (marked No. 2). Subsequently other small pieces were removed, and granulations sprang up on the dura mater. She left well in March, 1859. The whole mass of bone removed, extended over seven square inches of surface.

Drawings 2<sup>40, 41</sup>, and photograph.

1086<sup>35</sup>. Calvaria, showing a trephine hole on the right frontal region, and a long fissure proceeding downwards from it.

John M., aged 37, admitted under Mr. Birkett, and died in two days. He was a railway porter, and whilst engaged at work he fell, and the wheel of a carriage grazed the side of his head, causing a large scalp wound, and a deep notch in the bone. Small pieces of bone were removed, and he was afterwards trephined. He died of general arachnitis.

Insp. 33; 1861.

1091<sup>4</sup>. Portion of inferior maxillary bone, removed by Mr. Bryant, July, 1860.

Wm. C., aged 31. Had syphilis, and had been salivated ten years previously. Subsequently the horizontal ramus came away.

1098<sup>30</sup>. Portion of an enchondromatous tumor removed from the shoulder by Mr. Birkett, February, 1862.

A lady, aged 45, first observed a small lump on the inferior spinous fossa of the right scapula eighteen months before its removal. The scapula was nearly destroyed by the growth. Drawing.

1100<sup>20</sup>. Exostosis humeri.

From a man, aged 19, under the care of Mr. Bryant, May 2, 1859. It was of six years' growth, and the wound speedily healed after removal.

1103<sup>30</sup>. Head of humerus excised by Mr. Birkett.

Thomas B., aged 57, admitted July 10, 1855. Disease of the right shoulder joint had existed for about ten years, the result of a blow. Three sinuses existed when the joint was excised. A piece of necrosed bone was found in the head of the humerus, and is indicated in the preparation by a blue spot. When the patient was seen eighteen months after the operation, he was able to use the arm and follow his employment as a farm labourer.

1119<sup>10</sup>. Fracture of radius and ulna; removal of portions of the bone, and recovery of the arm.

E. L., aged 30, had his wrist and arm caught in a threshing machine, which hurled him some distance. Mr. Eager of Guilford was called to him, and found his arm severely lacerated, the wrist joint laid open, with the ends of the bones of the forearm protruding. The radius being fractured some inches above, the whole piece was removed, whilst the projecting end of the ulna was sawn off. The man made a good recovery, and was able afterwards to use his arm.

Case described by Mr. Cock in Guy's Hosp. Rep., Series III., vol. vii., p. 267.

1124<sup>42</sup>. Finger removed from a private patient of Mr. Bryant for necrosis of the bone of six years' duration. The sequestrum is seen within a cyst surrounded by new bone.

February 28, 1862.

- 1135<sup>9</sup>. Slight absorption of the upper part of the shaft of the thigh bone, from pressure of an aneurism of the profunda artery.

See preparation of aneurism, 1519<sup>40</sup>.

Insp. 14; 1858.

- 1166<sup>20</sup>. Sequestrum of os femoris removed after amputation of the thigh for compound fracture. The specimen is remarkable as having another sequestrum within it, which is easily removable.

Mr. Bryant; 1858.

- 1160<sup>21</sup>. Necrosed portion of bone removed from a patient who had a comminuted fracture of the thigh. Recovered.

- 1168<sup>10</sup>. Cysto-osteosarcomatous tumor from the lower end of the femur. The disease appears to take a position between ordinary osteosarcoma and cancer; for the tumor will be observed not to have grown equally around the bone, but is a protuberance on the right side; also, instead of the bone being unaffected, it is partly destroyed by the disease. This consists of a fibrous structure, with some ossific matter; also a much softer substance composed of nucleated cells, and this resembles cancer. It contains also numerous cysts lined by a thin membrane, and these contained coagulated blood.

L. H., aged 19, the daughter of a farmer, was admitted into the Derby Infirmary, under Mr. Gisborne, November 1, 1858. Five months before, she fell down and struck her leg; she experienced pain, and in a few days it swelled. This subsided, but six weeks afterwards she discovered a swelling on the outer side of the thigh. This rapidly increased. The lower end of the os femoris, being found to be involved in a growth, was amputated; the circumference of tumor was twenty inches. The girl died afterwards of pyæmia.

Presented by Mr. Dolman, then house surgeon.

- 1185<sup>20</sup>. Fracture of the neck of the thigh bone within the capsule.

C. F., aged 69, a lunatic, fell off the edge of her bed on to the right hip, November 20, 1857. This was followed by pain, slight shortening of the limb, but no eversion. There was difficulty in detecting crepitus.

A long splint was applied and kept on for some weeks; but a bed sore appeared, and the patient gradually sunk, dying on January 8, 1858, seven weeks after the injury. On examination a fracture was found within the capsule, but this did not pass directly through the neck, and therefore was only partially seen, unless force was used to separate the parts. The reparation process appeared to have progressed fairly.

From Maidstone Lunatic Asylum, by Dr. Hills.

1188<sup>10</sup>. Impacted fracture of the neck of the thigh bone. Cured.

From a woman, aged 50, and five years after the injury.

Presented by Mr. Hands, of Hornsey, to Mr. Hilton, March, 1858.

1188<sup>15</sup>. Impacted fracture of the neck of the thigh bone. The neck of the bone driven into the trochanter, and the smaller trochanter fractured and pushed up. Perfect union has taken place.

A woman, aged 62, whilst walking fell on her hip, September 17, 1856. When taken up, it was found that the limb was half an inch shorter than the other; there was slight eversion, and crepitus was felt with difficulty. A long splint was applied for six weeks, when she regained the use of the leg; and as she stood up no perceptible difference could be perceived between it and the other limb. She died November 12, 1857, of bronchitis.

From Maidstone Lunatic Asylum, by Dr. Hills.

1195<sup>10</sup>. Fracture of the upper part of the thigh bone; impacted. The great trochanter is seen to be split longitudinally downwards, and at the same time the head and neck separated from the portion of trochanter broken off. Repair is beginning to take place.

Jane G., aged 77, under Mr. Cock, December, 1859. She lived three weeks after the accident. The specimen shows that this kind of fracture may occur in old people, as well as the intracapsular form.

Insp. 209; 1859.

1222<sup>10</sup>. Periostitis following chronic ulcer of the leg. The fibula is covered with new bone, and the tibia has a large oval projecting piece of new bone on its inner side.

Ann G., aged 34, under Mr. C. Forster, August, 1858. She injured her leg nine years before. Since then an ulcer had been present, and exfoliation of bone had taken place. Subsequently sloughing occurred, necessitating amputation. Recovered.

- 1232<sup>40</sup>. A scale of bone exfoliated from the tibia, two inches long and one and half inches broad.

Ernest G., aged 18. After a knock on the leg, followed by inflammation and ulceration, this large piece of bone came away. Granulations then sprang up, and the wound healed.

Mr. Birkett; August, 1859.

- 1233<sup>15</sup>. Portion of bone removed by the trephine from the tibia to relieve pain. Operation successful.

Wm. F., aged 19, under Mr. Cock. He had been ill three years.

- 1235<sup>10</sup>. Section of tibia, showing the shaft very much thickened from inflammation of the bone, but more especially from an external deposition arising from periostitis.

Helen H., aged 28, had a chronic ulcer for three years, which involved the bone.

Amputated by Mr. Hilton, October 23, 1860.

- 1235<sup>20</sup>. Section of tibia, showing osteitis beneath an ulcer, the result of chronic inflammation.

Amputated by Mr. Hilton, April, 1862.

- 1243<sup>10</sup>. Caries of the head of the tibia, and loosening of the epiphysis.

Wm. P., aged 9, under Mr. Forster, March, 1860, for swelling and inflammation of the leg. Subsequently the joint became affected, necessitating amputation. Recovered.

- 1243<sup>20</sup>. Portions of necrosed bone from the tibia.

Richard P., aged 6, admitted into Martha ward, May 6, 1861, suffering from disease of the tibia, arising from injury received eleven weeks previously. The fragments of necrosed bone were removed by Mr. Bryant on September 21, 1861, seven months after the accident.



- 1245<sup>80</sup>. Necrosis of the head of the tibia, causing erosion of the anterior tibial artery, and necessitating ligature of the femoral, and subsequent amputation.

Miss R., a patient of Dr. Holman of Reigate, had suffered some years from disease of the tibia, in consequence of a fall. In the course of the disease hæmorrhage occurred from the sinuses, and an endeavour was made to secure the tibial artery, but without success. Mr. Poland, who was then called in, placed a ligature on the femoral in August, 1858. In April, 1861, the leg was amputated, in consequence of constitutional irritation arising from disease of the knee joint.

- 1245<sup>81</sup>. Two necrosed portions of bone from the articular surface of the tibia; removed by Mr. Birkett from two different patients:—

No. 1.—The upper portion from John M., aged 30, June, 1859. The right knee joint had been diseased for twelve years, and became entirely destroyed. A fresh abscess occurred, and a piece of dead bone was discovered; this, on removal, was found to be a portion of the articular surface. The patient left some weeks afterwards, with every prospect of a perfect synostosis between the femur and tibia.

No. 2.—The lower portion from Mary Ann D., aged 26. Her right knee had been diseased for five years, but she had kept about until a month before, when fresh inflammation occurred. An incision discovered a portion of loose articular surface, which was undergoing the process of eburnation. The patient's powers were not equal to the repair of the disease, and therefore the thigh was subsequently amputated.

- 1245<sup>82</sup>. Disease of the knee-joint, showing caries and necrosis of the bones. The joint is dislocated, and partly ankylosed; also the patella to the outer condyle. There is a sequestrum in the lower part of the os femoris.

George H., aged 44, under Mr. Birkett, May, 1859. The joint had been diseased eleven months, which was attributed to a fall; but this had been secondarily involved. Amputation.

- 1248<sup>90</sup>. Epithelioma of tibia. The whole surface is covered with a sprouting growth like a cauliflower, and in the midst is a hollow space, in which the bone is visible. It appeared, on examination, as if the disease had commenced on the surface, involved the anterior wall of the bone, which it

had destroyed, and then pursued its course for some distance within. The microscope displayed the well-marked laminated capsules of epithelial cancer.

Thomas F., aged 45, admitted under Mr. Cock, May, 1848. A delicate man, but health good. Twenty-six years ago a swelling came below the right knee, which burst, leaving a sore which never afterwards healed. Two years before admission, he struck the ulcer, when the present growth began to arise upon it. Amputated.

Drawing.

1251<sup>60</sup>. Carcinoma of fibula. A large soft cancerous growth is seen occupying the leg, and portions of the fibula are seen running down its middle. The disease appears to have sprung from this bone on all sides. There is also some new deposit of bone and cartilage in the growth.

Susan A., aged 25; amputated by Mr. Hilton, February, 1860. It had been growing about nine months, and she was first made aware of its presence by a swelling on the outer side of the leg.

1252<sup>50</sup>. A large growth on the posterior part of the tibia and fibula, apparently the osseous portion of an osteosarcoma.

1252<sup>60</sup>. Osteosarcoma of the head of the tibia. The tumor is seen to exclude the epiphysis, and to grow mostly from the inner side of the bone. It is of a roundish form, firm and fibrous-looking, circumscribed, and having a number of bony spiculæ shooting through it. Its middle portion consists of dense bone, as does also the interior of the shaft; the wall of the tibia also seems to be lost in the new growth. It will be seen, also, that a periostitis had existed below the tumor, and that a new layer of bone has been formed, which proceeds on to the tumor itself. The microscope exhibited fibro-cartilage and nucleated cells.

Joseph H., aged 13; amputated by Mr. Cock, January, 1859. He stated that he had received a blow from a brick on the inner side of the left leg about eighteen months before, and that six months afterwards he observed a swelling, which increased until the time of admission.

Wax model, 18<sup>10</sup>.

1252<sup>65</sup>. Osteo-cystosarcoma of the head of the tibia. The head itself is converted into dense bone; below this is a cyst containing blood, and a number of nodules on its inner surface. The growth surrounds the upper part of the shaft, and contained, when recent, sanguineous serum. The sprouting growths on the cyst contain fibre, bone and cartilage, and some cells, which appeared like myeloid. The cancellous structure of the head of the tibia is quite solid from formation of new bone. There is also some new bone around the shaft itself.

Francis C., aged 17; amputated by Mr. Cock, March, 1861. He had observed a swelling below the right knee for three months. The tumor was soft, blue, and fluctuating, looking much like cancer.

Wax model, 52<sup>45</sup>.

1267<sup>10</sup>. Fragments of bone removed from a fractured tibia, by Mr. Birkett, November, 1859.

1268<sup>50\*</sup>. Secondary myeloid tumors removed from the stump of the limb, whence the tumor removed in preceding, prep. 1268<sup>50</sup>. Two years after the amputation of the leg for myeloid disease of the head of the fibula, the patient returned to the hospital with some tumors on the stump. These were removed, and found, as seen here, to be wholly myeloid. He died soon after of pleurisy, when the lungs were found occupied by myeloid tumors.

Prep. 1750; drawings 21<sup>10, 11</sup>, and 262<sup>60</sup>.

Insp. 230; 1858.

1284<sup>55</sup>. Section of os calcis and astragalus, having their surfaces necrosed, and interior converted into a soft fatty matter.

George M., aged 9, under Mr. Hilton for chronic disease of the bones of the foot. He died of hydrocephalus.

Insp. 1; 1859.

1284<sup>77</sup>. Compound fracture of astragalus, removed in consequence of injury.

Man, aged 50, under the care of Mr. Bryant, August, 1859. A large part of the bone was forced out of position, and was found hanging out of the wound by a membrane. Left well, with a stiff joint.

1284<sup>85</sup>. Portion of os calcis and fibula torn off by a cart wheel.

Charles H., aged 14. Amputation was performed, and death occurred from pyæmia.

Insp. 236; 1858.

1284<sup>90</sup>. Epiphysis of os calcis exfoliated.

Mr. Hilton, March, 1858.

1285<sup>60</sup>. Section of foot affected with epithelioma. A large ulcerating warty growth over the heel, with necrosis of the os calcis below. Ankle joint ankylosed.

John T., aged 36, under Mr. Bryant, June, 1858. Twenty years before, he had his foot crushed and lacerated by a threshing machine. Some bone came away, and the wound nearly healed. For eighteen years he walked about with an open wound, and a warty growth over it. Six months before admission this began to enlarge and ulcerate. Amputated. Recovery.

1285<sup>85</sup>. Enchondroma removed from the extremity of the great toe by Mr. Hilton, December, 1859.

Drawing 24<sup>48</sup>.

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## JOINTS.

1300<sup>10</sup>. Disease of the elbow joint of a child. The disease appears to have commenced in the bone. The epiphysis is nearly separated, and a piece of necrotic bone is seen at the end of the olecranon. The cartilage is gone at one part, and the whole interior of the joint is covered with lymph.

Ann M., aged 6, under Mr. Cock for disease of the elbow joint, but she died of phthisis.

Insp. 56; 1860.

1302<sup>25</sup>. Excision of elbow joint, by Mr. Birkett. The cartilages are destroyed, and the articular ends carious. The hole in the cancellous structure of the end of the humerus contained a scrofulous tubercle.

William G., aged 17, admitted, August, 1858. About March of the year previously, he felt his arm becoming stiff, but had never received any injury. About a year afterwards he fell and bruised it, since which time it had been much worse, suppuration having occurred around it. The joint was therefore excised.

- 1302<sup>80</sup>. Excision of elbow joint, by Mr. Birkett. Cartilage destroyed, bones soft, but otherwise healthy.

Charles B., aged 20, admitted, September, 1858. For seven months he had suffered from strumous disease of the joint, and was just recovering from a pleuritic effusion of fifteen months' standing. The joint was excised, but the wound healed very slowly. When seen in January, 1859, he had made a very satisfactory recovery.

- 1302<sup>85</sup>. Excision of elbow joint, by Mr. Birkett. New bone is seen to have formed around the ends. The joint is not quite disorganized, as small portions of cartilage still remain.

Thomas C., aged 29, admitted, June, 1859. He had suffered four months with stiffness and pain of left elbow joint. Suppuration occurred, and diseased bone could be felt with a probe. The joint was excised, and the patient left the hospital with the wound nearly healed, and the arm progressing satisfactorily.

- 1311<sup>20</sup>. Joint of one of the fingers covered with gouty deposit.

Insp. 124; 1861.

- 1311<sup>25</sup>. Gouty finger removed, by Mr. Bryant, from a man in Job ward, March, 1862. It will be seen that the bone, as well as the joint, contains gouty deposit.

- 1316<sup>10</sup>. Head of the femur, showing the cartilage becoming detached during the process of inflammation.

Drawing 30<sup>6</sup>.

Mr. Bryant.

- 1317<sup>02</sup>. Old disease of the hip joint, from an old woman who had suffered from it many years. The head and neck are seen to be both undergoing absorption.



1317<sup>85</sup>. Disease of the hip joint.

— White, aged 8 years.

Mr. Birkett and Mr. Bryant.

1318<sup>5</sup>. Disease of the hip joint in a child.

Insp. 56 ; 1858.

1318<sup>10</sup>. Hip joint of a woman, aged 32, who had suffered from disease of the joint in infancy. The leg was shortened, and she was somewhat lame. There is no disease of the joint, but the head and acetabulum are much altered in shape.

Insp. 173 ; 1858.

1318<sup>15</sup>. Epiphysis of the head of the femur, spontaneously separated in a case of disease of the hip joint. The cartilage is entirely gone, and the surface of the bone is slightly eroded in one or two spots. The part which joined the remainder of the head is irregular, spongy, and slightly hollowed out, so that the denser articular lamina of bone slightly overlaps it all around.

Case of Dr. Holman.

See Guy's Hos. Rep., Series III., vol. v. p. 340.

1318<sup>50</sup>. Ankylosis of the hip joint, or a partial one. The head of the bone is changed into a hook-like process, and the neck is absorbed. A corresponding cavity is seen on the acetabulum, and new osseous tissue is surrounding them. The head of the other bone had a small spot of atrophied cartilage.

Insp. 38 ; 1858.

1327<sup>55</sup>. Knee joint, showing gouty deposit upon the articular cartilage. The ankle, tarsal, and digital joints also affected.

Thomas E., aged 40, whose leg was amputated for compound fracture.

Insp. 49 ; 1862.

1330. A patella, showing a perforation through its middle, as a result of disease of the knee joint.

Mr. Hilton, July, 1859.

1331. Head of the tibia, showing the formation of a distinct false membrane over the cartilage.

Mr. Bryant.

Drawing 31<sup>25</sup>.

1333<sup>10</sup>. Disease of the knee joint, with caries and necrosis of the ends of the bones.

Thomas H., aged 15. He had suffered for twelve years with disease of the os femoris, and suppuration around. When admitted, the joint was destroyed, and the leg bent at an acute angle. Amputated by Mr. Hilton, January 29, 1859. Cured.

1333<sup>80</sup>. Disease of the knee joint, with necrosis of the bones; injected.

Emily M., aged 10, under Mr. Hilton, January, 1859. She had been ill six years, and the leg was much contracted. Cured.

Drawing 33<sup>20</sup>.

1336<sup>10</sup>. Enchondromatous tumor growing from the posterior part of the head of the tibia. It measured, when cut through, six inches by four.

C. M., aged 32. The tumor had been growing for two years in the popliteal space, between the gastrocnemius muscles. Amputated.

Wax models, 52<sup>40</sup>, 41.

1343<sup>60</sup>. Chronic rheumatic arthritis of the knee joints in an early stage. It will be seen that the cartilage is partly destroyed, that the articular surfaces are white and smooth, and the bone around slightly elevated in ridges.

From an old woman, about eighty years of age, in dissecting room in April, 1860. The other joints appeared unaffected.

1346<sup>10</sup>. Dislocation of knee joint from injury. The posterior and crucial ligaments are completely torn through, as well as the lateral, so that the condyles of the femur are thrown backwards from off the tibia, and cause them to project into the popliteal space.

J. H., aged 30, admitted into the hospital under Mr. Poland, on January 26, 1860, having received a kick from a horse in the popliteal space, which was immediately followed by a swelling. An incision was made into it, and the popliteal artery found wounded. Ligatures were placed on the ends, but gangrene set in, and the limb was obliged to be amputated. The patient, however, subsequently died.

Preparation of artery 1519<sup>50</sup>.

1352<sup>50</sup>. Clubfoot associated with spina bifida. The latter is seen to have undergone a cure.

Insp. 36; 1858.

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## TUMORS.

1361<sup>45</sup>. A large fibrous tumor removed from the chest after death; a portion being within and a portion external to the sternum, which is perforated by it. The patient was a sign painter, and twenty years before, observed a small tumor about one inch from the right edge of the sternum, and opposite its lower third. He remained much the same for five years, when he found it a little tender. At that time (in 1843) it was the size of a walnut. He came to London, and consulted Key and Liston, because an aneurism had been suggested. It subsequently grew larger, and resembled in appearance the female mamma. The entire mass when removed weighed sixteen pounds, and was separated into two portions—three parts being without and one within the chest. He never suffered any symptoms until towards the last.

See patient's diary.

Presented by Mr. Sharpley of Louth, Lincolnshire, March, 1859.

1361<sup>65</sup>. Congenital tumor removed from a child eight months old. It appeared to be a bursa developed over the prominent spine of the scapula, beneath the trapezius muscle; suppurating. A part was first removed, and subsequently the other came away.

Mr. Bryant; May, 1860.

- 1361<sup>70</sup>. Congenital tumor growing over the mastoid process of male child; composed of fibro-plastic elements.

March 17, 1862.

- 1361<sup>75</sup>. Fibro-cartilaginous tumor removed from the neck of a girl by Mr. Bryant. Several years' growth.

November, 1861.

- 1361<sup>80</sup>. Malignant tumor removed by Mr. Hilton from the neck of a man, February, 1861. A year before another tumor had been removed from the same place, and which was about a twelvemonth's growth. This was thought to be recurrent fibroid, but was not preserved. In a few months the present growth appeared, and which on examination seemed to approach much nearer to cancer than the former.

- 1362<sup>25</sup>. Laceration of the diaphragm from injury. The left half is seen to have a long rent in it, and which also opens into the pericardium. When the body was examined, the stomach and a portion of the colon were found within the chest, having passed through the opening in the diaphragm. The pericardium in like manner was ruptured through the diaphragm, and the sac contained blood.

Richard C., aged 58. Was run over by a cart, and the ribs were fractured on the left side.

Mr. Hilton. Insp. 173; 1860.

- 1362<sup>80</sup>. Tumor from the back, consisting of fibrous structure. Removed and presented by Mr. Freeman of Minster.

A gentleman, aged 60, had a small tumor removed from his back when twenty to thirty years of age; and eight years since the present one sprung up in the cicatrix. Drawing, 197<sup>80</sup>.

Guy's Hosp. Rep., Series III., vol. iv, p. 259.

- 1362<sup>90</sup>. Melanotic recurrent fibroid tumor from the back; sent by Mr. Dolman of the Derby Infirmary. December 17, 1857.

W. W., aged 53, an innkeeper, had always had a mole on his back. Six years before, this was scratched, when a small lump appeared on it. In the course of a few months it became the size of a walnut, when it was removed by ligature and caustics. About two years afterwards

another growth appeared, which, when it reached the size of an apple, was removed by the knife. Sixteen months before the above date he came to the infirmary, when Mr. Hearne again removed a mass the size of a pint jug. The wound healed by granulations, but he soon felt the lump again, which rapidly grew, and then ulcerated. For this he was admitted in December, when it was found to extend from the fourth to seventh dorsal vertebræ. The portion preserved in the preparation was composed of fibro-plastic elements, in which was contained melanotic matter; the latter consisting of rounded or oval homogeneous masses of a brownish substance. The man left in good health. In March, 1859, the disease returned for the fifth time, and it was then found that he had another tumor in the axilla. He died in the following year.

- 1363<sup>75</sup>. Cancerous tumor on the hand of a child. It has sprung from the metacarpal bones, all of which seem to be involved. Spiculæ of bone are seen in the growth. The tendons passing over it are unaffected. It consists of firm medullary cancer.

A. C., aged 22 months; amputated by Mr. Bryant, September, 1859. The child was healthy-looking, and not apparently suffering from any disorder. The right hand presented a tumor the size of an orange, projecting both upon the dorsal and the palmar aspects, and involving the metacarpal bones; the thumb and fingers free. The mother had noticed the hand enlarging for about a year, and it was her impression that the disease had commenced on the surface.

- 1366<sup>55</sup>. Scirrhus tumor removed from the little finger by Mr. Birkett, May, 1858. Structure very dense, almost as hard as cartilage, but some parts softer, and these contained large nucleated cells.

Elizabeth H., aged 32. For ten years she had been engaged in making children's shoes, and which had obliged her to wear a tight broad leather strap on her left hand. About six years ago she perceived a small swelling on the side of that hand, and this had gradually increased, unattended by pain. On admission, a red vascular tumor of an oval form, extended along the outer side of the metacarpal bone of the little finger of the left hand. It was rather larger than a walnut, and near it was a smaller one. Five months afterwards the woman again came to the hospital with a reappearance of the disease.

Wax model 22<sup>10</sup>.

- 1369<sup>30</sup>. Hydatid cyst, or echinococcus hominis, removed from the thigh of a woman by Mr. Bryant, November, 1858.



- 1369<sup>33</sup>. Hydatids removed from a cyst in the left thigh of a man, aged 32. It was situated beneath the adductor muscles, and had been observed for five months.

Mr. Bryant, June, 1862.

1370. Congenital pedunculated tumor removed by torsion from the outer side of the thigh of a woman, aged 38, by Mr. Bryant in April, 1860. The tumor being strangulated came away in a week, without pain, and the patient rapidly recovered.

- 1370<sup>40</sup>. Melanotic cancerous tumor removed from the thigh of a man by Mr. Birkett. The section shows a part soft and medullary.

Joseph W., aged 67, from Grantham. The tumor had been growing five years, and more rapidly for three months. The inguinal lymphatic glands were hard and enlarged. It was very vascular on the surface. There was no mole there previously.

Wax models 52<sup>25, 26</sup>.

- 1375<sup>30</sup>. Bursa from patella removed by Mr. Birkett from

Richard C., aged 34. April, 1858.

Cast 191<sup>10</sup>.

- 1375<sup>35</sup>. Bursa from patella removed by Mr. Birkett, May, 1861.

- 1376<sup>35</sup>. Chondro-osteoid growth removed by Mr. Birkett from the thigh. When recent it had a greyish pearly tint, about two thirds of it consisting of bone, which was densely compact in some parts and cancellated in others. The remainder was composed of cartilage; the two substances, however, were not well defined. A delicate envelop of fibrous tissue surrounded the whole. The tumor measured 5 inches by 3, and was so hard that it required to be cut with a saw.

A healthy woman, aged 30, had a tumor growing from the posterior region of the thigh about two years. It was beneath the fascia, and close to the head of the biceps, but was not attached to the bone. Removed, February, 1858.

- 1376<sup>60</sup>. Fibro-plastic (or fibrous cancer?) tumor surrounding the head of the fibula.

Removed by Mr. Birkett from a man aged 35, in February, 1856.

See wax model 52<sup>80, 31</sup>.

Guy's Hosp Rep., Series III., vol. iv., p. 250.

- 1376<sup>65</sup>. Recurrent tumor from the left leg; size of a goose's egg, lobulated, white, and softish, showing nucleated fibre.

J. T., aged 38, admitted into the Derby Infirmary, November 15, 1858, under Mr. Fearn. Twenty years before she had a tumor removed by Mr. Wright from the left leg, about two inches above the internal malleolus. The wound rapidly healed, and she was discharged. Six months after the operation she perceived it coming again in the scar, and it then grew very slowly, until three months since, when it became ulcerated. It was then again removed.

- 1376<sup>70</sup>. Recurrent fibroid tumor of the leg. The section, when fresh, was succulent and vascular, but contained no milky juice, though some parts were very soft, and resembled cancer. It was composed of fibro-plastic tissue.

Henry N., aged 40, under Mr. Cock, March, 1859. A farm-labourer, living at Horsham. As long as he could remember, he had had a small lump on his leg, and this began to get larger about seven years ago, and after growing four years it was removed. About a year and a half afterwards it again returned, and other tumors sprouted out in the neighbourhood. On admission, a large sprouting fungous mass was seen growing from the leg, and having a very malignant appearance. The leg was amputated.

Drawing 198<sup>80</sup>, and wax models 18<sup>20, 21</sup>.

- 1377<sup>25</sup>. Gangrene of the foot, together with the arteries of the whole limb. The foot is black and withered; the bones exposed and dry; the integuments dry, and the tendons resembling portions of hempen cord. The arteries converted into rigid bony canals.

John B., aged 67, under Mr. Cock for senile gangrene.

Insp. 74; 1860.

- 1377<sup>90</sup>. Second toe of foot, showing a bursa.

Removed by Mr. Hilton from John P., aged 19; June, 1858.

Drawing 37<sup>23</sup>.

## HEART.

1385<sup>60</sup>. Heart of a child, showing an open ductus arteriosus. Brought from Dr. Addison's house after his decease.

1392<sup>10</sup>. Heart of a child, showing hypertrophy of the right side, in consequence of enlargement of the bronchial tubes.

Prep. 1718<sup>50</sup>.

Insp. 87; 1862.

1394. A heart, showing a patch of ecchymosis beneath the endocardium of the left ventricle. From a case of poisoning by arsenic.

Insp. 243; 1861.

1396<sup>30</sup>. Aneurismal dilatation of the left ventricle. The walls at the base are thinner than natural. At the middle of the ventricle they are seen to be infiltrated with fibrous tissue, and at the apex the muscular wall is altogether gone, the ventricle being formed simply of fibrous tissue. The surface is rough from the tearing off of the pericardium, which had been adherent. The sac of the ventricle seemed formed chiefly of the thickened endocardium. The mitral valve stretched. Muscular columns acuminate.

Charles O., aged 38, under Dr. Habershon, with dropsy, and all the usual symptoms of heart disease.

Insp. 181; 1861.

1396<sup>35</sup>. Commencing aneurism of the left ventricle. The endocardium, at the lower part of the left ventricle, is much thickened, and connected with a fibrous change in the muscle with which it is in contact, so that only a thin layer of muscle is seen at the apex. It is also slightly dilated, as if aneurism was commencing.

From a man who died of softening of the brain.

Insp. 30; 1862.

1396<sup>46</sup>. Heart preserved to show a number of small purulent deposits on the surface of the heart, in a case of pyæmia.

Eliza H., aged 6, under Dr. Wilks for pyæmia in connection with an abscess on the leg.

Insp. 119; 1860.

1396<sup>47</sup>. Heart, showing suppuration in the walls of the right auricle, particularly in the appendix. When recent, this was filled with an ante-mortem coagulum, and a thick layer of pus was seen lying beneath the pericardium, and was ready to ooze out as from an abscess when opened. There was also general acute pericarditis.

Sarah N., aged 37, was in the hospital for tertiary sores on the leg. Two weeks before her death, one leg became gangrenous, and the same condition was threatening in the other extremity, when she died of acute heart disease.

Insp. 55; 1862.

1396<sup>66</sup>. Hydatid from the interior of the heart, taken from the body of a girl who had died suddenly, never having experienced any illness whatever.

Mr. Henderson of Deptford was requested by the Coroner to examine the body. On opening the left ventricle, a loose cyst was seen. This was thick, and contained within it a softer and thinner one. The microscope showed echinococci. From the smooth surface at the apex, it seemed as if it had been developed in the muscle, and then got loose.

Trans. Path. Soc., vol. xi., p. 71.

1399<sup>60</sup>. A cancerous polypus in the right ventricle of the heart. This is the size of a small walnut, and grows from the septum or lower border of the foramen ovale.

Samuel S., aged 15, under Dr. Rees for cancer of the spine and various other parts of the body.

Prep. intestine 1845<sup>70</sup>; testes 2356<sup>80</sup>.

Insp. 1; 1862.

1401<sup>30</sup>. Heart, showing the tricuspid valve occupied by two large masses of vegetation projecting on the auricular side. When recent these were larger, and almost closed the orifice. They were firm and rounded.

William S., aged 44, under Dr. Wilks for bronchitis, and showing no cardiac symptoms. He died suddenly a day or two after admission. The pulmonary arteries were quite free.

Insp. 37; 1860.

1402. Heart, showing a malformed mitral valve; there being three muscular columns, with the accompanying cords, instead of two.

January, 1862.

- 1405<sup>10</sup>. Heart preserved to show the enlargement of the pulmonary artery, which takes place in mitral contraction, as well as a diminution of the aorta. The latter will be seen to have a smaller diameter, as well as thinner coats, than the pulmonary.

William B., aged 16, died of dropsy, &c., arising from heart disease consequent upon rheumatic fever. The heart was found, as usual, to have a hypertrophied right ventricle, and with this a corresponding condition of pulmonary artery, whilst the aorta corresponds to the smallness of the left ventricle.

Insp. 126; 1860.

1412. Heart showing atrophy of the mitral columns. One is very small, and has undergone degeneration, whilst the other has almost disappeared.

A. E., aged 62.

Insp. 24; 1862.

- 1428<sup>20</sup>. Heart covered with spots of ecchymosis, from a case of purpura hæmorrhagica.

Arthur B., aged 14, under Dr. Habershon for the above-named disease.

Insp. 80; 1860.

1437. Chronic pericarditis, accompanied by effusion.

Edward H., aged 14, was seized with pericarditis in April, 1859, followed by effusion. All the physical signs existed up to the time of his death, in February, 1860. The specimen was preserved on account of the long duration of the effusion.

Insp. 27; 1860.



- 1483<sup>20</sup>. Aneurism of the ascending aorta bursting into the pericardium, producing inflammation and closure of the sac.

A man, aged 62, was admitted under Dr. Wilks with all the usual symptoms of heart disease, dyspnoea, dropsy, &c., and a faint systolic bruit. In two days time he was seized with acute pericarditis. The signs of this gradually disappeared, but he died worn out a month afterwards. The pericardial surfaces were found closely adherent; and bulging into the sac was a small aortic aneurism. In this was a rent, through which a coagulum of blood protruded. The aneurism had pressed on the pulmonary artery, and thus the general symptoms.

Insp. 8; 1861.

1492. Aneurism of the descending thoracic aorta bursting into the oesophagus. The stomach was full of blood, which has been preserved as a specimen of the complete mould of the organ which takes place in these cases. The aneurism was situated about the bifurcation of the trachea, and was the size of a walnut.

Robert S., aged 60, under Dr. Barlow. He died suddenly.

Insp. 17; 1860.

- 1501<sup>25</sup>. Common carotid ligatured. A lunatic in Colney Hatch Asylum, having cut his throat, Mr. Tyerman immediately tied the carotid. The patient, however, died in fifty hours. The ligature is quite imbedded in the effused lymph.

- 1501<sup>65</sup>. Portion of brain, showing the carotid and its branches filled with coagula (emboli). The portion of brain adjacent, which is supplied by the middle cerebral artery, is softened. The heart is seen to have its mitral valves covered with vegetation, also portions of kidney containing fibrinous deposits.

Jane P., aged 14, under Dr. Addison for acute rheumatism and endocarditis. She subsequently became hemiplegic.

Insp. 4; 1860.

- 1501<sup>97</sup>. Aneurism of the subclavian artery. The posterior wall of the sac is the only part left, the remainder having become destroyed in the large diffused aneurism, which was formed

several weeks before death. This had eaten away the clavicle and the ribs, and thus entered the chest. Compression had been long tried without avail.

George W., aged 36.

Insp. 82; 1861.

1502<sup>70</sup>. Axillary artery removed from the stump of an arm, after amputation of the shoulder joint.

Frederick B., aged 21. He was knocked down by a railway carriage, necessitating amputation by Mr. Forster. He survived sixteen days.

Prep. of injured liver, 1950<sup>10</sup>.

Insp. 10; 1860.

1504<sup>65</sup>. The mammary and epigastric arteries anastomosing to carry the blood downwards, in the case of obstruction of the aorta, described at prep. 1450<sup>90</sup>.

Insp. 161; 1858.

1504<sup>65</sup>. Aneurism of the right common iliac artery, also of the aorta just above. The former extends to the bifurcation, where it joins the latter. Within the aneurism are seen numerous fissures running through the internal coat; one of these extends from its lower part quite through the sac to the aortic aneurism, and the edges of this fissure are rounded, indicative of its not very recent formation. At one spot the external coat has given way, causing the fatal hæmorrhage.

John C., aged 57. For some months he suffered from pain in the abdomen; this continued until his death, which was sudden.

July 6, 1861; Mr. Roper of Shoreditch.

1506<sup>30</sup>. Femoral artery, showing an obstruction at its junction with the profunda, and supposed to be caused by an embolon or fibrinous clot carried there from the heart. The heart is seen to have the aortic valves much diseased.

Everett W., aged 32, under Dr. Wilks, September, 1862. After having had several attacks of pain and swelling in the limbs, he was seized, a month before death, with pain in the right leg, followed by gangrene. The case appeared a good example of embolism.

Insp. 174; 1862.

- 1510<sup>20</sup>. Gunshot wound of the femoral artery. The artery and vein are both separated by the injury, and by subsequent sloughing.

Thomas D., aged 30, admitted under Mr. Hilton, December 25, 1859, for a gunshot wound in the upper part of the thigh. The artery was seen pulsating in the wound; and some money which had been driven in from the man's pocket was extracted. The artery subsequently sloughed; and hæmorrhage coming on, the vessel was divided at the ulcerating spot, and the ends tied (29th). On January 2 the vein was also tied. On the 6th gangrene came on in the foot, and was rapidly proceeding, when on the 9th tetanus also supervened, and the man died the same day. The ligatures had already come away. The artery and vein were separated, as seen in the preparation, and the crural nerve, in like manner, had sloughed away for the whole length of the wound.

Insp. 7; 1860.

- 1519<sup>35</sup>. A popliteal aneurism, about the size of a pigeon's egg, and its walls very thin.

John P., aged 70, was admitted under Mr. Cock for aneurism; and pressure was being applied in the usual way, when he died suddenly.

Insp. 54; 1860.

- 1519<sup>50</sup>. Rupture of the popliteal artery. The ends are an inch and a half apart, and tied by ligatures. The vein is entire, but the nerve is injured.

T. H., aged 30, was admitted into the hospital under Mr. Poland, on January 26, 1860, having received a kick from a horse in the popliteal space, which was immediately followed by a swelling. No pulsation could be felt in the arteries of the leg, and the leg and foot were cold. Mr. Poland made an incision into the ham, turned out a large coagulum, and found the ends of the ruptured artery lying a considerable distance apart; ligatures were then placed upon them. Gangrene subsequently set in, and the limb was amputated, but the man never rallied, being of very intemperate habits.

Prep. knee joint, 1346<sup>10</sup>.

Guy's Hosp. Rep., Series III., vol. vi., case 2.

- 1519<sup>65</sup>. Obstruction of the popliteal artery and subsequent re-opening.

Michael R., aged 23, under Mr. Birkett for psoas abscess depending upon disease of the ileum. Dry gangrene was commencing in the left foot when he died. On examining the femoral vessel, it was found obstructed at its lower part; but on attempting to pass water through it the obstruction did not appear perfect, for a small channel still remained in the centre. The preparation was preserved to illustrate the fact of the re-opening of the vessels after the temporary closure by coagulum.

Insp. 57; 1860.

- 1521<sup>25</sup>. Obstruction of superior vena cava by the contraction of scirrhus disease.

Geo. F., aged 40, under Dr. Addison, October, 1859. He suffered from various nervous symptoms denoting disease of the brain. Subsequently cancer sprang up on the surface of the body, and also in the neck, involving the veins. The brachio-cephalic vein was thus closed, and the superior vena cava almost impermeable.

Insp. 67; 1860.

- 1521<sup>27</sup>. Obstruction of superior vena cava from disease of the right auricle. The endocardium is covered with raised thickened patches, especially about the position of the venæ cavæ; the superior one being closed, and the inferior much narrowed. The veins above quite closed by fibrin.

Elizabeth L., aged 48, under Rees, for congestion and œdema of the upper part of the body, indicative of obstruction of the superior cava.

Insp. 170; 1860.

- 1527<sup>20</sup>. Portion of integument from the leg, showing varicose veins. They have lost their character of veins, being distended into sinuses, and surrounded by dense cellular tissue, the result of inflammation.

Charles S., aged 55, who died of carcinoma of the liver, &c., under Dr. Addison.

See preparation of pancreas, 1991<sup>20</sup>.

- 1543<sup>25</sup>. A carcinomatous tumor from the neck, apparently originating in the glands. The subclavian and carotid arteries were immediately behind it, and thus an impulse was given to

the tumor, suggesting in the first place its aneurismal nature.

George G., aged 55, under Mr. Poland in December, 1859.

Insp. 226; 1859.

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## NERVOUS SYSTEM.

1562<sup>25</sup>. Spinal cord affected by an inflammatory deposit throughout its whole length. When recent it was much enlarged, the entire grey matter was destroyed, and its place occupied by an inflammatory product, throughout the whole length of which ran an open canal. This deposit continued from the *cauda equina* below, to the fourth ventricle above, on the floor of which it ceased. In the middle portion of the cord was a defined oblong tumor, the structure of which, however, did not differ from the inflammatory product in the rest of its length.

A. M., aged 26, had been ailing two years with paralytic symptoms.

Drawing. Insp. 117; 1860.

1565. Pons varolii in section, showing a small cavity quite circumscribed, and which when recent contained a small quantity of clear fluid, and was traversed by cellular tissue.

Edward A., aged 43, under Dr. Barlow for Bright's disease, &c. He had also had some slight paralysis, indicative of cerebral disease.

Insp. 43; 1860.

1576<sup>10</sup>. Fibrinous tumor in the brain.

Susan G., aged 45, admitted with small black tumors on the skin, but whether effusions of blood or melanotic growths not very clear. They were found to be composed of material resembling the fibrin of the blood; and the internal organs contained similar deposits.

See skin, 1656; lungs, 1749<sup>70</sup>; liver, 1914<sup>20</sup>; spleen, 2002<sup>50</sup>.

Insp. 62; 1861.



1576<sup>20</sup>. Fibrous tumor from brain. This is hard, and composed of fibres arranged in a concentric manner, very like the fibrous tumors of the uterus. It was situated in the right lobe of the cerebellum, it encroached on the pons, and pressed on the right vertebral artery.

Samuel B., aged 32, under Dr. Barlow for amaurosis and other cerebral symptoms.

Insp. 51; 1862.

1587. Brain adherent to dura mater at the posterior part of the left hemisphere, by a quantity of yellow hard lymph. The latter involved nearly all the cineritious matter at this spot. Brain around soft.

J. C., aged 50. He had received a severe blow on the head twelve years before, and subsequently suffered from epileptic fits. There was necrosis of the posterior part of the parietal bones, and over this Mr. Cock trephined. See calvaria.

Insp. 74; 1861.

1587<sup>20</sup>. Adhesion of dura mater to the brain, with a quantity of hard yellow deposit in the latter, and which probably is of a syphilitic nature.

The patient, a woman aged 32, was in the hospital a long time for fits and various paralytic symptoms, indicative of severe cerebral lesion. It was said that she injured her head in childhood. The post-mortem examination showed the calvaria adherent at its front part to the dura mater, and the latter also to the anterior lobes. No diseased bone could be detected. The liver also contained deposits. Preparation 1913<sup>40</sup>.

Insp. 166; 1861.

1590<sup>11</sup>. Great distension of the ventricles of the brain associated with a cancerous tumor in the cerebellum.

Charles W., aged 6, under Dr. Gull for hydrocephalus and amaurosis.

Insp. 122; 1861.

1590<sup>11</sup>. A bottle containing two pints of serum removed from the ventricles of the above case. (A portion of the fluid has been replaced by spirit in order to preserve it.)

1619<sup>30</sup>. Portion of integument containing the bulbous end of a nerve.

A man under Dr. Wilks' care in hospital had suffered many years from pain in his leg, which on examination appeared to be extremely sensitive at one part. This was excised by Mr. Bryant with perfect relief. In the subcutaneous tissue a nerve was found running into some hardened structure.

December 17, 1861.

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## INTEGUMENTS.

### 1639. Carcinomatous tumor growing from the umbilicus.

Ann B., aged 50. See preparation of uterus, 2264<sup>55</sup>; intestine, 1886<sup>70</sup>.

Insp. 101; 1861.

### 1641<sup>70</sup>. A large portion of scalp removed from a man's head by Mr. Hilton, owing to its displacement from previous injury.

Wm. D., aged 60, admitted December 19, 1860. Eleven months before, he fell into a barge on to some iron. He was taken home with a large scalp wound. Subsequently he had erysipelas, and the bone became necrosed. A portion of the parietal was removed, and the scalp gradually became loosened, until it hung over his face. This was therefore removed.

Drawing 89<sup>20, 21</sup>.

### 1652<sup>15</sup>. A horny growth removed from the neck. It is curved, and much resembles a ram's horn.

Mary F., aged 39. She had had this growing from the right side of the neck for twenty-five years. Very near it was another horny substance, as if a fresh one commencing to grow; also another small one near the eye. Removed by Mr. Cock, October 12, 1860.

Wax model 53<sup>10</sup>.

### 1656. Fibrinous deposit in the skin.

From same case as preparation of brain, 1576<sup>10</sup>, and other organs.

Insp. 62; 1861.

### 1673. Abscess in the tongue.

Jesse B., aged 16, admitted under Mr. Bryant for calculus, when he was seized with symptoms of pyæmia in connection with suppuration of the kidney. The neck swelled, and suppuration occurred in the tongue.

Insp. 96; 1861.

1677<sup>30</sup>. Diphtheria. The pharynx, back part of tongue, epiglottis, and upper part of larynx, were covered with a false membrane, which is now removed.

Richard R., aged 39; was taken ill eight days before his death with inflammation of the throat, &c., followed by the formation of membrane. He had a very fetid discharge from his nose, and was more than once in danger of suffocation. He brought up a very large mass of membrane, which appeared to have come from the pharynx.

Insp. 71; 1862.

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## RESPIRATORY ORGANS.

1685<sup>10</sup>. Disease of the larynx, with necrosis of the os hyoides. The cornua of the latter are seen projecting and loose. The epiglottis has entirely disappeared, and the rima is ulcerated.

A girl, aged 22, was under Mr. Bryant for ulcerated throat, involving the pharynx and upper part of the larynx. She died of pneumonia. No history of syphilis could be obtained, nor was there any reason, apart from the disease itself, to suppose that it had existed.

Insp. 22; 1860.

1685<sup>20</sup>. Necrosis of the laryngeal cartilages. The cricoid and arytenoid on one side are ossified and necrosed. There is also a large sloughing ulcer on the under side of the epiglottis.

Mary B., aged 36, was under Dr. Rees for chronic laryngitis of two months' duration. No history of syphilis. The difficulty of breathing necessitated tracheotomy, which relieved her for a time, but she subsequently died of pneumonia.

Insp. 192; 1859.

1685<sup>25</sup>. Disease of the cricoid cartilage in a child. The right hand portion was necrosed and loose; so that when the larynx was opened and cut through behind, it became detached. An abscess had evidently existed in connection with it.

The child, aged 9 years, came into the hospital a month before her death, in danger of suffocation, and therefore tracheotomy was performed. It was thought that death arose from the canula having been removed in the night.

Insp. 47 ; 1861.

1690<sup>93</sup>. Papillary growth on the vocal cords of larynx of a child.

Edwin H., aged 4, residing at Plumstead, came amongst Dr. Wilks' out-patients on August 11, 1858, having had difficulty of breathing for six weeks. At the same time there was a croupous inflammation involving throat and air-passages, and from which the child soon died. Mr. Harding made a post-mortem examination, when a false membrane was found lining the trachea and larynx, and beneath this the warty growth, as seen in the preparation.

1695<sup>20</sup>. Portion of membrane removed from the trachea in a case of croup, during the operation of tracheotomy.

Mr. Bryant, May, 1860.

1696<sup>10</sup>. Diphtheritic inflammation of pharynx and larynx occurring on tuberculous ulceration. The trachea also contained false membrane.

Emily N., aged 22, who died of general tuberculosis under Dr. Addison.

See uterus 2261<sup>77</sup>, and drawing 396<sup>10</sup>.

Insp. 222 ; 1857.

1698<sup>10</sup>. Typhoid ulceration of the larynx, producing perforation, and leading to general emphysema.

Boy, aged 10, under Dr. Addison. The intestine is attached.

Insp. 191 ; 1857.

1698<sup>20</sup>. Typhoid disease of the larynx. This is seen as a small cavity, situated at the posterior part of the vocal cords, and which, when recent, contained a soft brown deposit.

Henry B., aged 23, under Dr. Addison for typhoid fever, with the usual symptoms, and died of pneumonia. The intestine is also preserved.

Insp. 162 ; 1859.

- 1707<sup>10</sup>. Œdema glottidis, from a child in the Deaf and Dumb School, to whom Mr. Cock was called to perform tracheotomy. The child was dead when Mr. Cock arrived. The glottis was completely closed by inflammatory œdema.

January, 1861.

- 1707<sup>15</sup>. Œdema glottidis from the effects of boiling water.

William C., aged 5. The breathing becoming difficult after swallowing the water, tracheotomy was performed, twenty hours having elapsed. In thirty hours more the child died.

Insp. 23; 1862.

- 1710<sup>5</sup>. Larynx, with a sharp piece of bone lodged in it.

A child, 11 months old, swallowed the bone with some broth. Tracheotomy was performed, but was ineffectual in removing the foreign substance, and death occurred in a few hours.

Drawing 244<sup>90</sup>.

Insp. 39; 1857.

- 1711<sup>45</sup>. Ossified cyst in the thyroid body.

Dissecting-room, February, 1861.

- 1711<sup>50</sup>. Thyroid cyst overlying the jugular vein.

From a young man who died under Dr. Hughes' care, of phthisis, in Spare ward, June, 1848. On the right side of the neck, above the clavicle, was a large swelling, presenting great obscurity during life as to its nature—Dr. Hughes believing it to be a dilated jugular vein, whilst Mr. Key conceived it might be a spinal abscess, and Mr. B. Cooper a simple serous cyst. It was found to be, as here seen, a cyst in the thyroid.

- 1711<sup>60</sup>. Hydatid cyst from the thyroid body or its neighbourhood.

Emma W., aged 15, admitted under Mr. Cock, October, 1855. She had come from Birmingham, where she had been treated by several medical men for bronchocele, during a period of seven years. Mr. Cock therefore determined to remove so intractable a form of disease, and then discovered that the cyst was of the hydatid character.

- 1711<sup>65</sup>. Disease of the thyroid body, supposed to be cancer, but probably not so.



John E., aged 46, under Mr. Hilton. For three years he had suffered from a sloughing tumor of the thyroid, which occasionally bled. There was also disease of the heart.

Prep. 1417<sup>d</sup>, and spleen 2004<sup>80</sup>; with drawing 350<sup>51, 52</sup>.

Insp. 214; 1854.

1711<sup>66</sup>. Cancer of thyroid.

James M., aged 60, under Mr. Birkett. He had had a tumor for twelve years, and it was thus questioned whether cancer had not supervened on an ordinary bronchocele. The cervical glands were cancerous, as well as the thyroid. Lung, liver, &c., also contained cancer.

Insp. 230; 1857.

1711<sup>80</sup>. Thymus gland in a state of enlargement; from a girl. The substance was pale, close, and soft, but not lacerable.

Drawing 41.

6. Misc. Insp. Book, p. 18.

1711<sup>81</sup>. Disease supposed to be the remains of thymusgland.

An old preparation from the dissecting-room.

1713<sup>60</sup>. Trachea and bronchi ulcerated. The larynx was only slightly affected, but the rings of these parts were ossified and laid bare, the mucous membrane being quite destroyed as low as the first division of the bronchi. Below this the membrane was ulcerated.

Philip M., aged 58, under Dr. Rees.

Insp. 147; 1857.

1716<sup>5</sup>. Piece of tape accidentally left in the wound made by tracheotomy.

Sarah C. had had tracheotomy performed twelve years before by Mr. Hilton. When endeavouring to clean out the canula by means of a piece of tape, the latter got into the trachea, causing great difficulty of breathing. She immediately went to Mr. Hilton, who removed it.

Guy's Hosp. Rep., Series III., vol. vi., p. 24.

1713<sup>10</sup>. Piece of apple core removed from the trachea of a child aged fifteen months, by Mr. Hilton, by opening the trachea.

August, 1859.

1716<sup>13</sup>. Canula undergoing oxidation, after having been worn in the trachea for six months.

A woman, aged 45, underwent the operation of tracheotomy for syphilitic disease, twelve months before, by Mr. Bryant. She was told to appear every three months to have the canula changed. This she did on two occasions, but afterwards allowed six months to elapse before presenting herself there the third time. The consequence was, that on drawing out the internal tube, and on withdrawing the other, the latter was found to be a mere shell of metal, arising from oxidation, and was on the point of breaking into several pieces. It was covered with the black oxide of silver. The inner tube was only discoloured.

June, 1861.

1717<sup>10</sup>. Lungs of a child, showing the right bronchus blocked up by a bean.

George K., aged 3, admitted under Mr. Forster, suffering from great difficulty of breathing, arising from a bean having been drawn into the wind-pipe. The symptoms were not urgent for some hours, but becoming so, tracheotomy was performed. No relief, however, was obtained, the child dying two days afterwards. The right lung was found collapsed, and in the right bronchus the bean was found firmly fixed. This must have become much swollen, for it was quite impossible, when it was removed, to repass it through the glottis.

Insp. 88; 1839.

1718<sup>40</sup>. Portion of lung, showing considerable dilatation of the bronchial tubes. When recent, they formed large rounded dilatations at the surface of the lung.

Mary Ann I., aged 39, under Dr. Rees for chronic bronchitis.

Insp. 213; 1858.

1718<sup>42</sup>. Lung, showing considerable dilatation of the bronchial tubes at its apex. This part was externally contracted, but internally found to be composed of a congeries of tubes. There was also general bronchitis and emphysema.

Sarah C., aged 39, under Dr. Wilks.

Insp. 70; 1861.

1718<sup>50</sup>. Lung, showing great enlargement of the bronchial tubes at its upper part; the upper lobe, indeed, being wholly com-

posed of tubes, all trace of pulmonary tissue having disappeared.

Louisa L., aged 15, under Dr. Pavy for extreme dyspnœa and lividity of skin, from which she had suffered all her life, and caused her case to be called one of morbus cæruleus.

See prep. of heart 1392<sup>10</sup>.

Prep. 87; 1862.

1718<sup>73</sup>. Portion of trachea and bronchi which showed great disease when in the recent state. The mucous membrane was ulcerated and flocculent, whilst the whole tube was thickened by tough fibrous tissue, which was present on the exterior. There was no tuberculous disease, and it was thought it might be syphilitic.

Under Dr. Habershon.

Insp. 22; 1858.

1724<sup>10</sup>. Interlobular emphysema. Bullæ of various sizes are seen on the surface immediately beneath the pleura. When the specimen was recent, there were distinct bubbles of air, like beads of gas, along the edges. There was bronchitis and lobular emphysema.

John S., aged 14, died of pneumonia three weeks after a burn.

Insp. 12; 1860.

1724<sup>20</sup>. Portion of lung, showing interlobular emphysema. Numerous bullæ are seen on the surface immediately beneath the pleura.

May, 1860.

1726<sup>90</sup>. Portion of miners' black lung from Newcastle.

Dr. Whitley; January 20, 1857.

1728<sup>10</sup>. Portion of lung affected with chronic pneumonia; that is, parts are in a state of induration, resulting from a former inflammation. The specimen was preserved because it was thought that the disease might have resulted from pyæmia, the pneumonia occurring at that time having become chronic.

Robert B., aged 58, was admitted into the hospital under Mr. Cock, for stricture, in June, 1860. He became very ill soon afterwards with pneumonia, apparently of a pyæmic character. He rallied from the attack, and did not die of his urinary complaint until December, when the lungs were found full of these indurated masses.

Insp. 197; 1860.

- 1728<sup>20</sup>. Portion of lung containing a cavity, the remains of an old abscess. Preserved on the supposition that it was the cause of a secondary abscess in the brain.

A gentleman, aged 34, a private patient of Dr. Gull. In December, 1853, he had an attack of pleuro-pneumonia; from this he never completely recovered, and in March, 1856, he was seized with paralysis, and other cerebral symptoms. An abscess was found in the brain.

Prep. 1565<sup>40</sup>.

Drawing 259<sup>10</sup>.

Guy's Hosp. Rep., Series III., vol. iii., p. 303.

- 1742<sup>65</sup>. Plithisical cavity, with the pulmonary artery opening into it. The patient died of hæmoptysis.

Insp. 120; 1861.

- 1747<sup>70</sup>. Enchondroma at the root of the lung. When recent the lung was atrophied, and at its root was a very hard growth, which, when cut through, had the ordinary translucent character of cartilage, and whose nature was shown also by the microscope. It involved the bronchial glands and left bronchus, the latter being seen running through its midst, the smaller branches being destroyed. It had apparently sprung from the bronchus.

Insp. 20; 1862.

- 1749<sup>45</sup>. A large fibro-cellular growth in the lung. This would probably have been called formerly intra-thoracic cancer. The structure, however, closely resembled the recurrent fibroid growths, and consisted of nucleated fibre.

James J., aged 46, under Dr. Barlow.

Insp. 182; 1857.

1749<sup>60</sup>. Fibrinous deposits in the lung, thought to be syphilitic.

A young man died shortly after admission from disease of the larynx, and after death the liver was found full of fibroid masses, and the lungs contained similar deposits.

Prep. of liver 1913<sup>80</sup>.

See drawing in Trans. Path. Soc., vol. ix.

Insp. 85; 1858.

1749<sup>70</sup>. Fibrinous deposits in the lung.

From same case as furnished similar specimens of brain 1576<sup>1</sup>; skin 1656; liver 1914<sup>20</sup>; and spleen 2002<sup>50</sup>.

Insp. 62; 1861.

1750. Lung filled with myeloid tumors, these having occurred secondary to myeloid disease of the fibula.

See prep. 2268<sup>50</sup>, and drawing 262<sup>60</sup>.

Insp. 230; 1858.

1750<sup>60</sup>. Osteosarcoma of lung. A number of rounded growths in the organ, consisting of fibrous structure and true bone.

Martha N., aged 27, under Mr. Birkett in September, 1855, for an osteo-sarcomatous tumor of forearm of four years growth. This was amputated, and the patient left the hospital. She died, six months afterwards, in St. Bartholemew's Hospital, when her lungs were found full of osteo-fibrous tumours, as seen in the specimen.

Drawings 576, 77, 78, and 262<sup>65</sup>; wax model 22<sup>5</sup>; prep. arm 1117<sup>80</sup>.

Guy's Hosp. Rep., Series III., vol. iii., p. 336.

1750<sup>62</sup>. Portions of lung containing numerous tumors composed of a mixture of bony, cancerous, and myeloid matter. The portion of spine in the same jar consists of similar materials.

George W., aged 18, under Mr. Birkett for a tumor of the leg, which was amputated in May, 1859. He died, five months afterwards, of the same disease in the spine and lungs.

Prep. of tumor 1268<sup>51</sup>; drawing 21<sup>15, 16</sup>, and 262<sup>70</sup>.

Insp. 194; 1857.



- 1751<sup>79</sup>. Carcinoma of the lung succeeding to the removal of a tumor from the skin.

Jane K., aged 28, was under Mr. Cock in May, 1857, for a pendulous tumor of the abdomen, which had been growing three months. It was removed, and found to be mainly composed of nucleated fibre, and was called fibro-nucleated. (This is the tumor in the bottle.) At the beginning of the year 1858 she began to have shortness of breath and cough, and in March was admitted very ill with chest symptoms, and she quickly died. The post-mortem examination showed cancer in the lumbar glands and other parts of the abdomen, and also in the lungs.

Insp. 41; 1858.

- 1751<sup>75</sup>. Cancer in the lung. At the back of the bottle are also seen specimens of cancer in the brain, liver, and kidney, as well as in a lymphatic gland. The appearance, when fresh, was remarkable, and resembled acute inflammatory deposit rather than cancer, especially in the brain, and thus it was supposed to exemplify a transition stage between the two affections.

Jemima W., aged 49, under Dr. Hughes.

Insp. 107; 1858.

- 1755<sup>93</sup>. Portion of diaphragm with lung attached, the former containing a bullet.

The patient had three bullets enter his chest, and one pierced the diaphragm. Over this spot the lung is adherent, but apparently is not injured. A police officer, under Mr. Cock.

Insp. 227; 1857.

- 1767<sup>20</sup>. Old pleuritic abscess, or the remains of an empyema. At the lower part of the right lung there was found a sac as dense as cartilage, and contained in this was a yellow curdy material, the remains no doubt of an abscess. It was probably the remnant of an empyema of many years standing.

Insp. 60; 1862.

## PHARYNX AND ŒSOPHAGUS.

1784<sup>41</sup>. Salivary calculi (or thought to be such) from the late Bransby Cooper's.

1784<sup>48</sup>. Warty growth removed from the palate, by Mr. Hilton.

For history, see drawing 277<sup>90</sup>.

1784<sup>49</sup>. Pedunculated growth from the hard palate.

Removed by Mr. Birkett, April, 1856, from a French girl, aged 20. It had been growing four years, and was superficially ulcerated, and had bled a little.

1784<sup>52</sup>. Epulis removed by Mr. Birkett from Catherine F., aged 23, in February, 1856. It had been growing fourteen months between the inferior bicuspid teeth on the left side. Its composition was myelo-fibrous.

Drawing, Plate V., Guy's Hosp. Rep. for 1856.

1784<sup>53</sup>. Cancerous epulis, removed by Mr. Cock from Charles G., aged 40, in June, 1856. It had been growing from the lower jaw for five months. In September of same year the patient returned, and had it again removed. This second growth is seen in the two smaller portions at the back of the bottle.

1784<sup>51</sup>. Pedunculated carcinoma medullare attached to the pillars of the fauces.

Mr. Birkett.

1784<sup>54</sup>. Polypoid growth from the velum pendulum palati.

John H., aged 34, under Mr. Birkett, October, 1859. The growth was only known to have been present for two months, and was then discovered accidentally. Excised by Mr. Birkett. In January, 1860, the man returned with an enlargement of the cervical glands, and the tumor had grown again in the palate. Died, April, 1860.

Drawing.

1784<sup>66</sup>. A large fibrous epulis removed from the lower jaw by Mr. Hilton.

July, 1860.

1784<sup>60</sup>. Bifid uvula from dissecting-room.

1784<sup>62</sup>. Tongue, fauces, and upper part of larynx, showing a bifid uvula. The velum palati is perforated, thickened, and much altered by old disease. The larynx is also œdematous.

Richard T., aged 26, came to the hospital in 1832 with stricture of the urethra, when difficulty of breathing came on, and he died in a few hours. The kidneys were in a state of suppuration.

Prep. 2068<sup>82</sup>.

11. Green Insp. Book, p. 151.

1784<sup>72</sup>. Mucous cyst in œsophagus. This was found accidentally, and contained a viscid glairy fluid, which is now seen coagulated at the bottom of the bottle. Formed probably by dilatation of a mucous follicle.

John C., aged 28, died of typhoid fever.

Prep. 1844<sup>22</sup>.

Insp. 237; 1858.

1784<sup>77</sup>. Warty patches on the œsophagus, from a man, aged 69, who died of apoplexy.

Insp. 27; 1858.

1792<sup>60</sup>. Carcinomatous tumor of the œsophagus. It is growing on the anterior wall, is four inches and a half long, and nearly fills the tube.

William G., aged 70, under Dr. Habershon.

Insp. 31; 1857.

1792<sup>80</sup>. Carcinomatous stricture of the lower end of the œsophagus, so that a probe could scarcely be passed through it. There was no disease in any other part of the body.

Jane S., aged 57.

Insp. 108; 1858.

- 1792<sup>85</sup>. Carcinoma of œsophagus opening into the aorta. This disease occupies the middle of the tube, and has eaten off one of the bronchial arteries.

Margaret H., aged 60, under Dr. Wilks. She was suddenly seized with hæmorrhage from the mouth, and quickly died.

Insp. 84; 1861.

- 1792<sup>90</sup>. Cancer of œsophagus causing stricture, but which was supposed to be due to exostosis of the vertebra, which is also placed in the bottle.

See Trans. Path. Soc., vol. xii., p. 101.

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## STOMACH.

- 1796<sup>20</sup>. Stomach, showing enlarged rugæ, or polypi, at its lower end.

George P., aged 62, under Dr. Addison for chronic pneumonia.

Insp. 203; 1859.

- 1796<sup>80</sup>. Small polypous growth on stomach. Polypus or cancer. (?)

Emma P., aged 34, died of Bright's disease.

Insp. 109; 1857.

- 1798<sup>20</sup>. Stomach of a child poisoned by soap lees. The pharynx and œsophagus changed in colour by the alkali, but the stomach very little affected, there being only a slight discoloration towards the pyloric ends.

Charles C., aged 1½, swallowed a mouthful of soap lees, and died twelve hours afterwards, probably from œdema of the glottis.

Insp. 166; 1857.

- 179<sup>925</sup>. Stomach of a child who had swallowed caustic alkali. Laryngitis followed, and tracheotomy was performed by Mr. Chapman of Tooting, who presented the specimen to the museum.

January, 1859. Drawing.

1799<sup>33</sup>. Stomach of a child poisoned by sulphuric acid. It is charred and excoriated, particularly at its pyloric half.

Eliza B., aged 17 months. A tea-spoonful of sulphuric acid was accidentally given her, and she died seven hours afterwards, apparently from suffocation arising from inflammation of the glottis.

Insp. 146; 1857.

1805<sup>10</sup>. Chronic ulceration of the stomach producing death by hæmorrhage. A large ulcer is seen at the lesser curvature, and two bloodvessels opening into it.

Charlotte T., aged 35, under Dr. Hughes. She did not vomit blood, but the stomach and intestines were found full of it.

Drawing 296<sup>25</sup>; case 2.

Insp. 44; 1857.

1805<sup>20</sup>. Chronic ulcer of the stomach, producing death by hæmorrhage. The ulcer is small, and situated at the lesser curvature; a bloodvessel is opening into it.

Jacob G., aged 53, under Dr. Addison. He was seized suddenly with hæmatemesis, and died after six days.

Drawing 296<sup>25</sup>; case 1.

Insp. 45; 1857.

1805<sup>25</sup>. Chronic ulcer in process of cure. This is situated at the lesser curvature, and had evidently been much larger, as the contraction of the stomach was considerable, and the external surface was puckered.

William B., aged 70, under Dr. Addison. He died of Bright's disease, and had much vomiting.

Insp. 164; 1857.

1805<sup>30</sup>. Healed ulcer of stomach, producing some contraction externally. Found accidentally.

Jemima D., aged 24, died under Dr. Gull of empyema.

Insp. 63; 1859.



1805<sup>85</sup>. A large chronic ulcer of the stomach, which formed adhesions to the liver, and dragged up the organ. The ulcer apparently healed.

Elizabeth M., aged 22, under Dr. Habershon. She had suffered six years from gastric symptoms, and was several months in the hospital with the same. She died at last of phthisis.

Insp. 173; 1859.

1805<sup>40</sup>. Chronic ulcer of the stomach, situated at the pyloric extremity. When recent, the stomach was adherent externally to the abdominal walls, and when laid open an ulcer was seen within; this was limited by the pylorus on one side, and by a raised border of indurated tissue on the other. It was of irregular shape, as though composed of two ulcers combined. The floor of the ulcer consisted of dense cellular tissue, and at this part it was adherent to the abdominal walls.

Isabella H., aged 39, under Dr. Gull for gastric disturbance and general wasting.

Insp. 70; 1860.

1807<sup>20</sup>. Stomach, showing an early stage of cancerous growth. This consists of a number of small nodules flattened on the surface, mostly isolated, but at one spot forming a group which is soft and vascular. The whole affected surface is about the size of the palm of the hand.

The patient, a woman, aged 66, died of cancer of the bone and other parts.

Insp. 97; 1861.

1807<sup>25</sup>. Carcinoma of stomach, producing contraction of the organ. Before it was opened it was about a third of the natural size. The interior showed the whole surface, except a thin band along the greater curvature, affected by cancer, and extending even to the œsophagus. Some parts raised and fungating, others depressed and ulcerating, and here it had a fibrous aspect. Cancer in other organs.

Daniel C., aged 43.

Insp. 244; 1861.

1812<sup>10</sup>. Cancer of stomach, and great contraction of the organ.

Helen W., aged 83, under Dr. Rees.

Insp. 140; 1858.

1812<sup>50</sup>. Carcinoma fibrosum, or recurrent fibroid disease of the stomach. About half of the walls of the stomach are seen to be affected by a tough fibrous tissue exactly resembling the recurrent fibroid tumors, which occur on the external surface of the body. The ovaries were also affected in the same way.

Prep. 2246<sup>55</sup>.

Insp. 61; 1858.

1812<sup>55</sup>. Carcinoma of the stomach undergoing degeneration or cure. The pylorus is somewhat contracted, owing to the deposit which is situated externally to it. The deposit in the walls was found to be hard and dry, and there were some enlarged glands in the neighbourhood, composed of decaying cancer. There was scarcely a trace of well-marked cancer to be found.

Martin F., aged 65, under Dr. Gull for symptoms denoting cancer of the stomach. For four months he lay in bed with the symptoms abating, and it was thought from this, as well as from the post-mortem appearances, that the cancer had not only ceased to grow, but had undergone a degeneration, and thus the disease might be considered as approaching towards a cure.

Insp. 226; 1856.

1813<sup>5</sup>. Scirrhus pylorus preserved as a good example of the disease, this consisting of a fibrous structure developed in the sub-mucous tissue. The stomach is enormously dilated. A portion of lung contains tuberculous matter. There was no cancer in the body.

Mary W., aged 22, under Dr. Addison. She had suffered from the ordinary symptoms of obstructed pylorus for three or four years.

Insp. 51; 1857.

1813<sup>72</sup>. Villous growth on the mucous membrane of the stomach.

Mr. L., aged 49, a private patient of Dr. Gull's, November, 1859. He had been ill eleven months, with gradually increasing debility. There was extreme anemia, and there were spots of ephelis on the skin, which at first suggested supra-renal disease, although other symptoms were wanting. All the other organs were healthy.

1815<sup>50</sup>. Stomach, showing a thick layer of tubercular matter covering it externally. The specimen shows how, with so much disease around it, the mucous membrane escapes.

William G., aged 48, under Dr. Barlow for tuberculous disease of the abdomen.

Insp. 168; 1856.

1816<sup>10</sup>. Stomach, in which the operation of gastrotomy was performed, on account of obstruction in the œsophagus. Under the care of Dr. Habershon and Mr. Forster.

Insp. 64; 1858.

Guy's Hosp. Rep., Series III., vol. iv.

1816<sup>15</sup>. Stomach, in which the operation of gastrotomy was performed for stricture of the œsophagus, caused by swallowing a corrosive fluid.

The patient was a little boy under the care of Dr. Addison, and was operated on by Mr. Forster.

Insp. 50; 1859.

Guy's Hosp. Rep., Series III., vol. v.

1816<sup>55</sup>. Fibroid disease of the stomach, or chronic hypertrophy. The coats are throughout thickened in the same manner as in scirrhus pylorus. The muscular coat is much hypertrophied, and there is great thickening of the sub-mucous tissue. The colon which hangs at the back of the jar is similarly affected.

Mary F., aged 84, under Dr. Wilks.

Insp. 21; 1862.

## INTESTINES.

- 1817<sup>85</sup>. Congenital contraction of the duodenum. This is situated immediately above the choledic duct. The portion of duodenum above the stricture is immensely dilated, being as large as the pyloric end of the stomach itself; the division between these is marked by a ridge.

The case occurred in the practice of Mr. John Galton of Brixton. The child was well formed, and nothing was known to be amiss for the first twenty-four hours, when vomiting came on (of meconium), and continued fourteen hours until death. There was no passage through the bowels.

See drawing and description in Trans. Path. Soc., vol. xii., p. 101.

- 1819<sup>92</sup>. Portion of ileum with small polypoid growths on the surface. There was no history of any previous disease or ulceration of the intestine.

- 1821<sup>90</sup>. Solitary glands of the ileum very much enlarged.

Richard W., aged 22, who died of heart disease under Dr. Barlow's care.

Insp. 86; 1855.

- 1830<sup>11</sup>. Perforating ulcer of the duodenum, small and close to the pylorus. Below is another, which was increased in size by its forcible separation from its connections behind, and here is seen considerable old inflammatory deposit in the cellular tissue.

Mrs. R., aged 67, had always enjoyed good health until three years ago, when she is said to have had an attack of inflammation of the bowels. From this she recovered, and remained well until December 20, 1858, when she was seized with all the symptoms of acute peritonitis. This was found to be due to the perforation of the duodenum. The other ulcer was no doubt connected with the previous attack.

Mr. Bryant.

- 1830<sup>20</sup>. Ulceration and perforation of the duodenum.

Jane B., aged 18, was under the care of Dr. Rees many months for tuberculous disease of the abdomen. After death, large masses of softening mesenteric and lumbar glands were found in one or two places; these were communicating with the intestines, but whether the perforations commenced within or without was not very evident. The duodenum communicated with a mass of softening glands external to it.

Insp. 155; 1860.

1836<sup>80</sup>. Ileum, showing perforation in fever about the seventh week.

Joseph C., aged 17.

Insp. 166; 1858.

1844<sup>6</sup>. Ileum, showing the early stage of typhoid fever, probably not fully developed, the patient dying of pulmonary congestion at the outset of the disease.

Insp. 145; 1860.

1844<sup>7</sup>. Ileum, showing the typhoid deposits of about the second week of fever. From a woman in her seventieth year.

Insp. 176; 1861.

1844<sup>8</sup>. Ileum, showing the very commencement of the typhoid change, the glands being but very slightly affected and raised above the surface. The girl died of acute pneumonia.

Insp. 165; 1861.

1844<sup>9</sup>. Ileum, showing the typhoid disease in process of recovery. The glands slightly raised and flocculent on the surface. The material sloughing out or being absorbed. The lad had a distorted chest, and disease of the heart and lungs. He died at the fifth week after the onset of the fever, and from which he was convalescent.

Insp. 178; 1861.

1844<sup>20</sup>. Portion of ileum, showing Peyer's and solitary glands infiltrated with typhoid matter. It was thought to be very early stage of the disease.

Charlotte B., aged 18, who died at the onset of fever.

Insp. 151; 1857.



1844<sup>22</sup>. Typhoid ulceration and perforation of the ileum.

John C., aged 28, admitted with peritonitis, having had no previous symptoms.

Prep. œsophagus 1784<sup>72</sup>.

Insp. 237; 1858.

1844<sup>23</sup>. Ileum eight weeks after typhoid fever, showing a slate-coloured and corrugated appearance of Peyer's patches, but no breach of surface; the ulcers, if any had been present, having entirely healed.

James L., aged 14.

Insp. 211; 1859.

1844<sup>24</sup>. Ileum, showing the usual typhoid disease, the glands being raised by adventitious deposit. The specimen preserved especially on account of the model 83<sup>10</sup> exhibiting the rose rash which existed during life.

Francis W., aged 18, died about the seventeenth day of the fever.

Insp. 208; 1859.

1844<sup>55</sup>. Tubercular disease of the intestine; preserved to show the contractions which had occurred at the points of the deposit, and the ulceration within. These, however, are not so well marked as in the fresh specimen.

Ann B., aged 12.

Insp. 215; 1858.

1844<sup>60</sup>. Tuberculous disease of the intestine, showing the deposit in course of softening.

George J., aged 22, under Dr. Barlow for phthisis.

Insp. 66; 1860.

1845<sup>60</sup>. The stomach, with large and small intestines affected with cancer. The stomach is seen to have several isolated growths upon it, but the duodenum is the part more especially affected by the disease. Other portions are also seen to have isolated growths upon them.

John C., aged 21.

Insp. 55; 1858.

- 1845<sup>70</sup>. Cancer of the small intestine at lower end of the jejunum. It is remarkable as being an independent and isolated growth. The healthy bowel is seen on either side of the disease, which is spread out as large as the palm of the hand. When recent, the infiltration of the valvulæ conniventes with cancer caused the rugæ to be remarkably hard and prominent.

Samuel S., aged 16, under Dr. Rees for cancer of the spine, &c.

Prep. heart 1399<sup>60</sup>; testes 2356<sup>20</sup>.

Insp. 1; 1862.

- 1851<sup>91</sup>. Laceration of the jejunum. The bowel is seen to be completely separated.

James P., aged 37, was run over by a cart, and lived twenty-four hours.

Insp. 103; 1858.

- 1851<sup>92</sup>. Perforation of the ileum from injury.

A poor woman received an injury on the abdomen about ten o'clock on Saturday night, July, 1860, but it did not appear at the Coroner's inquisition whether it resulted from a blow received from her husband, or from her falling over a box. On the following morning she was seen by Mr. Clarke of Crucifix Lane, who found her collapsed and suffering from peritonitis. She died on Monday at one o'clock p.m. The examination of the body revealed peritonitis and faecal extravasation, arising from a rupture of the intestine, and which was clearly the result of injury, and not of disease.

- 1852<sup>10</sup>. Malformation of large intestine, leading to stricture and perforation. The ascending and descending colon are united just as they both lay together in the left loin. The cæcum hung loose in the pelvis, and becoming distended and twisted on itself, led to perforation and death. Symptoms of obstruction had existed for several months.

Drawing 323<sup>40</sup>.

Insp. 48; 1858.

- 1854<sup>83</sup>. Cancerous stricture of the sigmoid flexure.

A private patient of Mr. Hilton's, living at Plaistow.

Drawing 322<sup>55</sup>.

- 1854<sup>40</sup>. Scirrhus stricture of the sigmoid flexure of the colon, with great distension of other parts of the bowel, leading to laceration of the mucous membrane.

Private case of Dr. Gull's, January, 1858.

Drawing 323<sup>20</sup>.

- 1854<sup>45</sup>. Carcinoma of the ascending colon opening into the duodenum. This portion of the large intestine had a large malignant ulcer, the size of the palm of the hand, circumscribed by raised hard edges. At the bottom of the ulcer is a large hole, which opens directly into the duodenum. It was near the pylorus, and opposite the bile duct.

Ann E., aged 49. She had been ailing two or three years with a swelling in the right iliac region. Two weeks before her death she became suddenly worse, felt something give way, followed by a profuse discharge of blood and matter.

Insp. 69 ; 1860.

- 1854<sup>50</sup>. Stricture of the descending colon. This appears to have arisen from simple inflammatory contraction, as no true cancer is discoverable.

A gentleman, aged 64, residing at Blackheath, had been ill two years with occasional constipation. This increased, until at last the bowels were not relieved for seventy days. They then were opened copiously, and remained free for three weeks. Obstruction again took place, followed by death in ten days.

Mr. Poland, April, 1861.

- 1860<sup>10</sup>. Large intestine, showing acute ulceration of the mucous membrane. When recent, the whole colon was seen to be affected; the surface was covered with a number of elevations about the size of peas, which when opened were found to contain purulent matter, as if the solitary glands had undergone acute inflammation and suppuration. Many of these had burst, leaving ulcers which had then spread in extent.

Charles H., under Dr. Barlow for empyema.

Insp. 58 ; 1859.

1860<sup>20</sup>. Acute inflammation and ulceration of the large intestine. When recent, it showed probably an acute dysenteric process. The mucous surface was covered with exudation resembling the flakes of lymph seen on a serous surface. This was on the portions of mucous membrane left between the ulcers, which were everywhere present. The end of the ileum was covered with similar patches of lymph, which was very adherent. The solitary glands enlarged.

Edward W., aged 28, under Dr. Gull for hepatic abscess, which burst into the lung.

Insp. 153 ; 1860.

1864<sup>20</sup>. Portions of colon and ileum, showing the mucous surface covered with diphtheritic exudation. The whole of the large intestine, as well as the lower part of the ileum, was covered with a tough granular exudation ; beneath this, in some places, was a minute ulceration. There was no other disease in the body.

Drawing 318<sup>20</sup>.

Insp. 120 ; 1857.

1864<sup>25</sup>. Diphtheritic inflammation of the colon and ileum. The appendix cæci contains about a dozen shot.

Hannah H., aged 64, admitted under Mr. Hilton for strangulated hernia. She had taken very violent purgatives, and swallowed some shot, thinking these would overcome the difficulty. The hernia was reduced, but such an irritation of the bowels had been produced, that the patient died a fortnight afterwards.

Drawing 318<sup>45</sup>.

Insp. 29 ; 1857.

1867<sup>10</sup>. The descending colon, showing a fistulous opening from a gun-shot wound in the loin. A glass rod is seen passing from the external surface in the integument to the interior of the bowel.

J. B., aged 18, a soldier, was shot in the trenches before Sebastopol, the bullet passing through his loin into the bowel. This he voided per rectum a few days afterwards (see next prep.). Subsequently a fistulous opening became established, and a faecal discharge took place

from the wound. He came into the hospital to see if any operative means could be adopted for his cure, and then it was found that he had Bright's disease. After his death a portion of the bullet was found in the spleen. At the back of the bottle are portions of the arches of two of the lumbar vertebræ, which have evidently been fractured and subsequently united.

Insp. 29 ; 1859.

1867<sup>12</sup>. The flattened rifle bullet passed per rectum.

1875<sup>10</sup>. Intussusceptio of intestine, the ileum passing into the cæcum.

Child, aged 8 months, died after three days' illness with symptoms of obstruction. The part at first was dark and much congested, but a probe could be passed easily through the gut.

Mr. Collambell; May, 1857.

1877<sup>25</sup>. Portion of descending colon and sigmoid flexure, showing a laceration of the coats without perforation. The patient died of other injuries received.

Insp. 158; 1858.

1879<sup>10</sup>. Disease of the appendix cæci, arising from injury. An abscess had existed in connection with this, but which, when opened, was seen to be formed by the open appendix on one side, and an adherent coil of ileum on the other. The latter was removed, showing the appendix as seen in the specimen. This forms a sacculus by the distension of its middle portion, its root and end being entire. This may have originally held a calculus, but in all probability the mischief arose from a blow, as given in the history.

C. B., aged 21, admitted under Dr. Wilks with peritonitis, which ended fatally in a few hours. Two years before he had received a blow on the right iliac region, which was immediately followed by pain and swelling. An abscess formed, and he was ill for several months. He thought that purulent matters came from his bowels, and had never been well since. Six days before admission he was seized with acute pain in abdomen, which was found to be due to the rupture of the fæcal abscess in connection with the appendix.

Insp. 104; 1859.



1880<sup>10</sup>. Distended appendix cæci. When opened it was found full of pus. No trace of opening into the cæcum could be discovered, but only a slight depression.

Maria P., aged 50, who died of bronchitis.

Insp. 23; 1860.

1880<sup>20</sup>. The cæcum pouched and contracted from ulceration. When the intestine was first opened, the walls of this part were so thickened and contracted that the cæcum remained as a distinct pouch, whilst the ileum with its contents passed direct to the colon beyond.

Sydney H., aged 42, who died of phthisis.

Insp. 216; 1858.

1881<sup>92</sup>. Colloid cancer of the cæcum and ascending colon.

Insp. 9; 1861.

1882<sup>5</sup>. Portion of sigmoid flexure of the colon and rectum, with a fistulous opening passing externally. This also went through the necrosed bone of the ileum, so that a probe could be passed from the outside of the body through the pelvis into the interior of the intestine. The disease was caused by pelvic inflammation and suppuration consecutive to amputation of the leg.

James L., aged 27, under Mr. Hilton for disease of the knee joint.

Prep. 1335<sup>10</sup>, and drawing 33<sup>18</sup>; prep. hip 1318<sup>65</sup>.

Insp. 95; 1856.

1883<sup>70</sup>. Imperforate anus. It had been punctured, and the trocar passed into the recto-vesical pouch, as indicated by the glass rod.

Presented by Mr. Hilton.

1884<sup>25</sup>. Stricture of the rectum from pelvic cellulitis. The indurated tissue around the gut had much contracted it, and the muscular coat is hypertrophied. The mucous membrane irregular on surface, and there is a raised band running across it. There is no ulceration nor fistula.

Elizabeth L., aged 31. For two years she had suffered from enlargement of the labia, and general chronic hypertrophy about the genital organs, and at same time for stricture of rectum. She died of peritonitis after removal of a portion of the growth.

Insp. 110; 1859.

- 1884<sup>30</sup>. Thickening and cicatrix of the rectum after ulceration. The mucous membrane, which had been ulcerated, was entirely healed; it was much puckered, and of a slate colour. The submucous tissue was dense, and the muscular coat hypertrophied.

Insp. 84; 1860.

- 1884<sup>35</sup>. Inflammatory stricture and ulceration of the rectum undergoing cicatrization.

William R., aged 37, entered the hospital in a dying state; his disease was found to be phlebitic abscess of the liver, dependent upon an ulcerated condition of the intestine. The latter was found to have its mucous membrane destroyed to the extent of nearly four inches from the anus. There was also apparently recent abrasion. Tough fibrous tissue occupied the lower end, and projected from the margin as large piles, and a considerable contraction existed.

Insp. 5; 1860.

- 1884<sup>50</sup>. Stricture of the rectum caused by the contraction of a fungating ulcer, and which necessitated an artificial opening being made through the loin into the colon. The rectum tore asunder on removal, and the parts are now stitched together. The portion of colon through which the opening was made, is seen at the side.

Mary P., aged 48, was admitted under Dr. Addison for intestinal obstruction. This appearing to be low down in the bowel, Mr. Bryant opened the colon in the left loin, with immediate relief. Sloughing, however, came on, and the patient died a fortnight afterwards. The cause of stricture was the contraction of the ulcer situated about four inches from the anus.

Insp. 181; 1859.

- 1844<sup>55</sup>. Stricture of rectum and perforation. The stricture caused by pelvic cellulitis, and the perforation by the use of bougies.

Mary W., aged 63. She had stricture of the rectum, for which bougies were constantly used. Two days before her death, she was suddenly seized with pain and other symptoms of peritonitis. A perforation was found in the upper part of the rectum, as it turned to join the sigmoid flexure.

Insp. 86; 1861.

- 1886<sup>80</sup>. Ulceration of the rectum, which produced phlegmonous erysipelas of the perineum and scrotum, resembling the effects of extravasation of urine.

William M'M., aged 60, admitted under Mr. Hilton six days before he died, with inflammation of cellular tissue of rectum, and lower parts of abdominal walls. This had all come on in two days without any obvious cause, there being no stricture or other disease of urethra. On post-mortem examination, the mischief appeared to have proceeded from the rectum, in which were two ulcers penetrating into the cellular tissue beneath. The finger could be passed through these into the sloughy tissue outside. This continued around the spongy portion of the urethra, but the canal was intact.

Insp. 94; 1858.

- 1886<sup>70</sup>. A carcinomatous growth in the walls of the upper part of the rectum projecting into the interior of the gut, and almost closing it. The mucous membrane is still entire.

Ann B., aged 50, who had also cancer of the uterus.

Prep. 2264<sup>55</sup>.

Insp. 101; 1861.

- 1887<sup>60</sup>. Prolapsus of the rectum, around which a ligature had been passed.

Insp. 101; 1857.

- 1887<sup>65</sup>. Specimens of polypi removed from the rectum by Mr. Bryant. The subjects were all children, the largest came from Harriet G., aged 5 years. For three weeks she had had constant hæmorrhage from the bowel; a small polypus was found just within the sphincter; the peduncle was tied and the growth removed. It is composed of fibro-cellular tissue, and is highly vascular.

March, 1857.

1887<sup>70</sup>. Polypi removed from the rectum by Mr. Bryant. From three different patients.

1888<sup>80</sup>. Old abscess in the pelvis, opening by two fistulæ into the rectum.

Insp. 60; 1857.

1889<sup>5</sup>. Specimens of hæmorrhoids.

Presented by Mr. Hilton.

1893<sup>80</sup>. A large intestinal calculus, extracted from the rectum of a private patient of Dr. Addison. It was analysed by Dr. Odling, and found to contain 36·6 per cent. of organic matter, the remaining 63·4 being mineral, and consisting almost entirely of phosphate of magnesia and carbonate of magnesia, the latter, however, being in comparative small quantity.

1894<sup>90</sup>. A farthing, passed from the bowels of a child in Charity Ward, September 4, 1860. The child having swallowed the coin, had some difficulty of deglutition, and was brought to the hospital, thinking that it might have stuck in the œsophagus. After a day or two, however, it passed by the bowels.

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## L I V E R.

1895<sup>10</sup>. Atrophied right lobe of the liver, the bulk of the organ being formed by the left lobe. This was congenital, or arose from disease at a very early period of life. The organ was likewise lardaceous, and weighed 5 lb. 12 oz.

John O'N., aged 40, under Dr. Rees for phthisis.

Insp. 68; 1857.

1896<sup>80</sup>. Slice of lardaceous liver placed in glycerine in order to show the lobules.

Walter B., aged 13.

Insp. 12; 1858.

1898<sup>45</sup>. Liver contracted and fissured by tight lacing.

Insp. 28; 1857.

1903<sup>10</sup>. Slice of a liver affected with acute or yellow atrophy, in a case of acute jaundice.

William B., aged 25, under Dr. Habershon. He had been ill a few days with acute jaundice, and most violent constitutional symptoms. The liver was found of a greenish colour, and atrophied both in its general bulk and minute structure.

Insp. 172; 1858.

1903<sup>11</sup>. Acute atrophy of the liver; weight 1 lb. 9 oz. Small and flabby. The section showed red and yellow mottling; and the microscope, that the secreting tissue was entirely disorganized.

Elizabeth B., aged 30, under Dr. Barlow. She was admitted in an insensible condition with acute jaundice. There was no history, but she was said to have been ailing four or five weeks.

Insp. 125; 1859.

1903<sup>12</sup>. Acute atrophy of the liver; weight, 1 lb. 3 oz. The organ is shrivelled, and when recent, was mottled, red, and yellow. The secreting structure quite destroyed.

Ellen L., aged 23, under Dr. Wilks. She was admitted with apparently simple jaundice, but the symptoms soon became acute.

Insp. 123; 1859.

1903<sup>57</sup>. Suppurative inflammation of the portal vein. The preparation shows but little, but when it was recent, the whole of the portal vessels were full of pus. The case was attended with very obscure symptoms.

Samuel A., aged 35, under Dr. Rees.

Insp. 27; 1857.



- 1903<sup>70</sup>. Mass of calcareous substance on the liver. Probably the remains of tuberculous or purulent matter.

Mr. Sadler, July, 1860.

- 1903<sup>85</sup>. Fibrous thickening (scirrhus cancer?) of gall bladder and the ducts, from the presence of a gallstone.

Mary W., aged 73. During life a tumor was felt on the right side, and which was thought to be the gall bladder. This was found after death to contain a calculus.

Presented by Mr. Ewen of Long Sutton, May, 1857.

- 1906<sup>20</sup>. Portion of the liver of a child, which was in a state of cirrhosis. The structure was minutely granular, and the hepatic veins were obstructed by coagulated blood.

James W., aged 7, under Dr. Gull for dropsy. The liver and spleen were both felt enlarged.

Drawing 326<sup>90</sup>.

Insp. 31; 1862.

- 1906<sup>25</sup>. Portion of cirrhotic liver from a child. The nodules are very large, and the intervening tissue composed of dense fibrous structure.

A boy, aged 11, had suffered two years and a half with pain in side, sallow complexion, and at last peritonitis.

Mr. Roper, Shoreditch.

Trans. Path. Soc., vol. xiv.

- 1909<sup>27</sup>. Cavernous growth in the liver, as in the preceding specimens.

Insp. 65; 1861.

- 1909<sup>45</sup>. Portion of liver containing cysts. These communicate, and are lined by a tough membrane.

From an old man who died in the hospital in 1859.

- 1909<sup>5</sup>. Bony cyst in the liver, the remains of an abscess or an hydatid. When recent, it was the size of a billiard ball. It was quite round, and consisted of a calcareous case

containing a soft yellow mass within. No hydatids were discoverable.

Stephen D., aged 81, died of hernia under Mr. Birkett.

Prep. 2498<sup>60</sup>; drawings 480<sup>5</sup>, 10, 15.

Insp. 4; 1857.

1913<sup>10</sup>. Fibrous nodules in the liver, arising from syphilis.

From a man, aged 39, who was the subject of inveterate syphilis, and had lost nearly the whole of the bones of the calvaria.

Testes 2351<sup>55</sup>; calvaria 1075<sup>75</sup>.

Insp. 233; 1856.

1913<sup>15</sup>. Lardaceous and cirrhotic liver. The liver was cirrhotic and nodular in the ordinary way, and besides contained some lardaceous material.

Thomas H., aged 43, under Dr. Addison. He had been very intemperate, and had long suffered from secondary symptoms. All his organs were found to have undergone the waxy change.

Prep. of peritoneum 2434<sup>80</sup>.

Insp. 58; 1857.

1913<sup>20</sup>. Supposed syphilitic disease of the liver. A quantity of tough fibrous tissue will be seen infiltrating the organ. At the back of the bottle is the larynx, which has a rounded nodule, probably syphilitic, in the glottis.

Sarah F., aged 33, under Dr. Wilks for the laryngeal affection, and died from tracheotomy.

Insp. 50; 1858.

1913<sup>25</sup>. Fibroid deposits in the liver, supposed to be syphilitic.

Mary Ann C., aged 27, under Dr. Gull. She was suffering from necrosis of the clavicle, and was in a very cachectic state. The spleen was waxy.

Insp. 75; 1858.

1913<sup>30</sup>. Large fibroid nodules in the liver, and supposed to be syphilitic. The ulcerated larynx is seen at the back of the bottle.

Sydney S., aged 29, under Dr. Rees for disease of the larynx. The lungs also contained similar fibroid deposit.

Prep. 1749<sup>60</sup>.

Insp. 85; 1858.

1913<sup>85</sup>. Liver of a child, fissured on the surface, and full of fibroid nodules, probably syphilitic.

Lucy R., aged 12, died of albuminaria under Dr. Barlow.

Insp. 179; 1859.

1913<sup>40</sup>. Liver, containing a hard fibrous deposit in a nodular form, and probably of a syphilitic character.

A woman, aged 32, was under Dr. Barlow for epilepsy, and other symptoms. The surface of the brain was found occupied by hard fibrous material, which caused its adhesions to the membranes.

Prep. 1587<sup>20</sup>.

Insp. 166; 1861.

1914<sup>20</sup>. Liver, containing fibrinous deposits. Other preparations from same case.

Brain 1576<sup>10</sup>; skin 1656; lung 1749<sup>70</sup>; spleen 2002<sup>50</sup>.

1915<sup>30</sup>. Tubercular liver. Every part of the organ is filled with tubercles, but they are not so well seen in the substance as on the surface.

George S., aged 8, under Dr. Addison for general tuberculosis.

Kidney 2035<sup>92</sup>; heart 1445<sup>60</sup>; spleen 2007<sup>50</sup>.

Insp. 2; 1858.

1915<sup>40</sup>. Liver, containing a hard fibrous mass, which encroached on the vena cava and hepatic veins, producing dropsy.

George W., aged 34, under Dr. Pavy for ascites, and for which he was tapped. He had had syphilis, but had also been in the tropics, so that it was a question whether the disease was syphilitic, or the remains of an abscess.

Insp. 106; 1861.

1916<sup>20</sup>. Portions of liver, containing a white fibro-albuminous material running throughout the organ, in the course of

Glisson's capsule, from a case of anemia lymphatica; also portions of the kidney, spleen, and lymphatic gland, containing similar deposits.

A young man had long been ailing with symptoms of anemia, and on post-mortem examination these deposits were found in the viscera, associated with an enlargement of the lymphatic glands.

See further details by Dr. Wilks, in *Trans. Path. Soc.*, vol. xiii., and Plate.

- 1921<sup>10</sup>. Carcinoma of the liver. The form is peculiar, consisting of round hard nodules, translucent, and as hard as cartilage. It is probably the form styled hyaline. The peritoneum, pylorus, and breast, also contained some hard cancer.

Insp. 90; 1857.

- 1937<sup>90</sup>. Melanotic tumor of the liver. At the top of the bottle are seen two carcinomatous growths from the heart—below, and on the left hand, a growth from the lungs; on the right hand also growths from the mediastinal glands.

Mrs. F., under Mr. Birkett in 1853. For about two years she had suffered from tumors in the breast. She left the hospital, and subsequently died at her own house.

Drawing 346<sup>5</sup>.

- 1937<sup>95</sup>. Colloid disease of the liver, including portions of the stomach, colon, and diaphragm. (Formerly 2470<sup>91</sup>.)

Drawings 464, 465.

Presented by Mr. Fernandez.

- 1946<sup>10</sup>. Portions of hydatid cyst, which broke into the chest.

James S., a milkman, was admitted into the hospital in February, 1855, with a tumor in the right side, and which had been observed for ten months. He was again in hospital in May, 1856. In February, 1857, whilst at home, he was suddenly seized with dyspnoea, and he consequently sent for Mr. Wallace of Hackney. The chest being universally dull on percussion, he was tapped, and several pints of clear fluid were evacuated. He was subsequently twice tapped, and several more pints of fluid removed. He at last died, when the chest was found to contain the hydatid cyst which had burst through from the liver, together with some fluid.

1946<sup>20</sup>. Cured hydatid cyst, attached to the edge of the liver.

Insp. 146; 1858.

1946<sup>80</sup>. Hydatid cyst opening into the hepatic duct. The hydatid membrane is seen passing into the duct, which is laid open, and the end protruding into the duodenum.

H. B., aged 50, under Dr. Barlow. The hydatid suppurated, and burst, causing peritonitis.

Insp. 13; 1860.

1950<sup>10</sup>. A portion of liver, showing a slight laceration at its edge, as if it had been forcibly bent downwards. This fissure, or indentation, extends about four inches, and is about one-sixth of an inch from the border. When recent, it was covered with lymph, and was adherent to the stomach.

Frederick B., aged 21, was knocked down by a railway engine, which necessitated amputation at the shoulder joint by Mr. Forster. He survived sixteen days.

Prep. axillary artery 1502<sup>80</sup>.

Insp. 10; 1860.

1950<sup>20</sup>. Injury to the liver. The specimen shows a deep fissure in the organ, but the peritoneal coat is still remaining intact over it, illustrating how the laceration of organs mostly takes place by tearing.

Stephen O., aged 41, under Mr. Cock. He fell off an omnibus, and probably the wheel went over him.

Insp. 161; 1861.

1950<sup>30</sup>. Laceration of liver undergoing repair. There is a long rent on the surface, filled in by lymph, and the diaphragm is adherent over it.

Lyon B., aged 29, under Mr. Hilton, had a roll of lead fall on him. Great difficulty of breathing followed, and it was thought that he had injured his diaphragm.

Drawing 348<sup>75</sup>.

Insp. 219; 1859.



1952<sup>80</sup>. Obstruction of gall ducts by old inflammatory tissue, or perhaps cancerous. Also gallstones.

William H., aged 58, under Dr. Barlow.

Insp. 102; 1856.

1958<sup>80</sup>. Gall duct occupied by a calculus, and perforating it. The gall bladder is seen as a small pouch from its side.

Insp. 180; 1857.

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## PANCREAS AND SPLEEN.

1989<sup>10</sup>. Cancerous tubercle in the pancreas.

Ellen B., aged 22, under Mr. Birkett for carcinoma of the scapula.

Prep. 1098<sup>10</sup>.

Insp. 194; 1855.

1991<sup>20</sup>. Cancer of the pancreas. The duct is obstructed at its head, producing a large cyst at its other end, from dilatation. When recent, it contained limpid fluid.

Charles S., aged 55.

Prep. of veins 1527<sup>20</sup>.

Insp. 51; 1859.

2002<sup>10</sup>. Spleen, containing a fibrinous mass, as seen in cardiac disease.

Ellen V. aged 26, under Dr. Pavy.

Insp. 112; 1860.

2002<sup>50</sup>. Spleen, containing a fibrinous deposit.

See prep. brain 1576<sup>10</sup>; skin 1656; lung 1749<sup>70</sup>; liver 1914<sup>90</sup>.

Insp. 62; 1861.

2004<sup>50</sup>. Spleen, containing a fibroid deposit about the size of a walnut. This is not now well seen, from the blood staining. At the back of the bottle is a portion of liver similarly affected, probably syphilitic.

Francis W., aged 38, under Mr. Birkett and Mr. Bryant for necrosis of calvaria, and epilepsy.

Prep. 1076, 1076<sub>1</sub>.

Insp. 105; 1860.

2004<sup>85</sup>. Portion of spleen containing a fibrinous deposit, probably syphilitic.

James S., aged 41, who died of hernia under Mr. Forster. He suffered also from syphilitic cachexia.

Testes 2351<sup>40</sup>.

Insp. 64; 1861.

2004<sup>75</sup>. Portion of spleen containing a defined rounded induration.

From a female who had long displayed symptoms of disease of the spleen. (Old prep.)

2005<sup>55</sup>. Lardaceous spleen of small size. Preserved to show that the organ is not necessarily increased in size in this disease.

1861.

2007<sup>80</sup>. Spleen, containing tuberculous matter.

George S., aged 10, who died of general tuberculosis.

See heart 1445<sup>50</sup>; liver 1915<sup>30</sup>; kidney 2035<sup>62</sup>.

Insp. 2; 1858.

2010<sup>60</sup>. Spleen, having at its extremity a cyst of about the size of a walnut, and upon its surface three or four others, about the size of pin heads.

Insp. 65; 1859.

2014<sup>20</sup>. Cirrhosis of the spleen, with thickening of the capsule.

From Charles T., aged 37, who also had cirrhosis of the liver.

Insp. 189; 1862.

2018<sup>10</sup>. Laceration of the spleen undergoing repair. The organ has a deep and wide rent extending more than half way around it, as if it were nearly cut in two. This fissure was filled with a firm coagulum, and the tissue around was infiltrated with blood. The surface of the coagulum had a thin layer of membrane upon it, as if repair had already begun.

John M., aged 34, under Mr. Hilton for fracture of skull and other injuries.

Insp. 210; 1858.

## SUPRARENAL CAPSULES.

2021<sup>55</sup>. Suprarenal capsules, from a case of Addison's disease.

Sarah S., aged 37, under Dr. Gull with uniform discoloration of the skin, and all the other well-marked symptoms of suprarenal disease.

Insp. 113; 1861.

2021<sup>60</sup>. Suprarenal capsules, from a case of Addison's disease.

George A., aged 23, admitted under Dr. Habershon for extreme debility and sickness, with only slight discoloration of the skin, but after death the suprarenal capsules were the only organs found diseased.

Insp. 75; 1861.

2021<sup>65</sup>. A suprarenal capsule, from a case of Addison's disease.

Edward P., aged 32, was ailing four years with symptoms of failing health, and extremely dark skin.

August, 1861. Mr. Stedman, Godalming.

2021<sup>70</sup>. Suprarenal capsules, from a case of Addison's disease.

W. C., aged 46, had been ill for two years with discoloration of skin and other symptoms.

October, 1861. Mr. Harris, Hackney.

2021<sup>75</sup>. Diseased suprarenal capsules, from a case of spine disease.

Sarah W., aged 26, admitted into the hospital extremely ill. She had long suffered from curvature of the spine, and it was thought that her illness was due to that. She died suddenly, for which there was no apparent cause in the chest.

Insp. 82; 1862.

2021<sup>80</sup>. Suprarenal capsules, from a case of Addison's disease.

The patient, aged 26 years, had been under the care of Mr. Higginbottom several months for discoloration of the skin and asthenia.

Presented by Mr. Truman of Nottingham.

See Trans. of Path. Soc., vol. xiv.

## URINARY ORGANS.

- 2036<sup>10</sup>. A large lardaceous kidney. The kidney is mottled, and contains inflammatory and fatty deposit; at the same time the Malpighian bodies and arteries are covered with lardaceous matter. This was well shown by the application of tinct. iodine.

Insp. 226; 1862.

2039. Large white kidney of Bright: Preserved on account of the probable long duration of the disease.

Henry I., aged 22. He stated that fourteen years before his last illness he had a swelling all over him, arising from cold. Again seven years afterwards, he was in the hospital for dropsy, and a year ago for a third time. About five months before his death he got cold whilst at work, and about two weeks afterwards the dropsy appeared. On admission he had universal dropsy.

Insp. 61; 1862.

- 2044<sup>80</sup>. Cystic kidney, from a still-born foetus (anencephalous). The ureters are closed.

June, 1862. Mr. Nason, Stratford-on-Avon.

- 2062<sup>20</sup>. Kidneys and other organs infiltrated by a cell-structure somewhat resembling cancer. The kidneys of very great size, of a pure white colour, and homogeneous in structure. The other organs similarly affected, portions of them being placed at the back of the jar. Above are seen the salivary glands; below, the pancreas, with portions of the liver and spleen. The uterus appeared also to have its walls infiltrated with the same material.

Emily H., aged 10, under Dr. Gull for enlargement of the glands in the neck and abdominal organs.

Insp. 163; 1861.

2079<sup>25</sup>. Cystic kidney, with a calculus impacted in the ureter. The whole organ atrophied (in consequence?)

James S., aged 37, who died of phthisis.

Insp. 132; 1861.

2085<sup>20</sup>. Sacculated bladder. The bladder above is much hypertrophied, whilst the sac, which is seen below, was at its posterior part, between the bladder itself and the rectum.

Joseph C., aged 48, under Mr. Birkett.

Insp. 197; 1861.

2090<sup>20</sup> A portion of two pints of fat drawn off from a cyst near the bladder.

The patient, a young man, began to suffer some months before the operation, with symptoms of retention of urine, and then a tumor was found in the pelvis at the side of the bladder. Subsequently this was tapped per rectum, when a quantity of fluid fat was drawn off, which consolidated on cooling. The patient recovered.

Presented by Mr. George Pretty of Fressingfield, Suffolk.

Trans. Path. Soc., vol. xiii.

2104<sup>4</sup>. Villous disease of the bladder. The surface covered with three or four large growths, which in parts have a polypoid form, and in others are flocculent or villous.

Mr. N., aged 50, a private patient of Dr. Gull's. Early in 1855 he noticed blood in his urine, and this continued better and worse, until hæmaturia was constant, when he died in April, 1861.

2104<sup>72</sup>. Bladder and rectum, after the operation of lithotomy. The gorget passed to the outside of the bladder. (Transferred from 2514 old catalogue.)

2104<sup>93</sup>. Urethra completely severed from the bladder, in a case of fracture of the pelvis.

Insp. 157; 1861.



## GENITAL ORGANS.

- 2351<sup>40</sup>. Testes affected by syphilitic deposits. The one contains rounded hard nodules, the other is streaked with fibrous tissue. The tunica vaginalis is also much thickened and adherent.

James L., aged 41, who died of hernia under Mr. Forster's care. He had long suffered from syphilis.

Spleen 2004<sup>55</sup>.

Insp. 64; 1861.

- 2353<sup>20</sup>. Cystic disease of the testis.

Drawing 416<sup>60</sup>.

Mr. Cock; December, 1861.

- 2356<sup>20</sup>. Testes affected with cancer. The epididymis of both contains nodules, and also the vas deferens of the left one.

Samuel L., aged 15, died under Dr. Rees with cancer of the spine and other parts.

Intestines 1845<sup>70</sup>; heart 1399<sup>60</sup>.

Insp. 1; 1862.

- 2356<sup>30</sup>. Carcinoma of the testis.

George W., aged 19, had the organ removed by Mr. Durham, it being then thought that the lad was otherwise in good health. He, however, very shortly died of cancer of the lumbar glands.

Insp. 6; 1862.

- 2362<sup>90</sup>. Fibro-cartilaginous disease of the testis. The organ is much enlarged, and very hard. The section displays small rounded particles of cartilage scattered through a dense fibrous tissue. The enchondroma was well displayed by the microscope.

Drawing. Removed by Mr. Cock, November, 1862.

2377<sup>20</sup>. Encysted hydrocele. A cyst is seen developed beneath the visceral tunica vaginalis. 1860.

2382<sup>20</sup>. Small earthy body, from the tunica vaginalis.

November, 1860.

2406<sup>60</sup>. Bladder, from a case of stricture, where a false passage passed along the posterior wall beneath the mucous membrane, for a distance of three inches or more. It had a smooth surface, continuous with the mucous membrane.

William M., aged 58.

Insp. 15; 1862.

2412<sup>25</sup>. Bladder punctured per rectum, in a case of retention from paralysis, the urethra having been injured by previous catheterism. It will be seen that the opening is very high up, above the middle of the bladder, and the communication with the bladder very oblique.

William S., aged 26, under Dr. Gull for inflammation of the spinal cord, arising from injury.

Insp. 22; 1862.

2412<sup>23</sup>. Stricture of the urethra with the bladder, showing a double puncture per rectum. One puncture was made a year, and the other a week before the man's death. They will be seen side by side in both organs—in the rectum, about two inches above the anus; and in the bladder, just behind the prostate. The last operation is nearer the mesian line than the former one, the latter being at the side of it.

James H., aged 46, under Mr. Birkett.

Insp. 31; 1861.

2412<sup>75</sup>. Lacerated urethra, with an abscess opening into the rectum.

William C., aged 18, under Mr. Hilton. A month before his death he was crushed between a cart and wall. His urethra was lacerated, and extravasation of urine took place, followed by suppuration, the matter escaping by the rectum. A large abscess was found around the neck of the bladder, in connection with the injured urethra, and communicating with the rectum.

Insp. 94; 1861.

2421. A fatty tumor removed from the prepuce of a boy aged 9 years. It had been growing five years.

By Mr. Bryant, June 16, 1862.

2551<sup>05</sup>. Harlequin fœtus, resembling in every respect the preceding specimens—the features of the face in all being remarkably alike.

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Lateral transposition of the viscera, from a woman who died in the hospital in March, 1859. The heart points to the right side, and the vessels of the aorta are transposed. The left lung has three lobes. The stomach and spleen are on the right side; the cæcum, ascending colon, and liver on the left side.

See drawing in Guy's Hos. Rep., vol. v.

THE END.

